

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 254  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Congressional Progressive Caucus PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gutheil, Thomas, , ,**

Mailing Address 6 Wellman St

City  
BrooklineState  
MAZip Code  
02446-2831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M	D D	Y Y Y Y
04	18	2019

**Transaction ID : VR08CSET470**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gutheil, Thomas, , ,**

Mailing Address 6 Wellman St

City  
BrooklineState  
MAZip Code  
02446-2831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M	D D	Y Y Y Y
04	21	2019

**Transaction ID : VR08CSEWK2**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gutheil, Thomas, , ,**

Mailing Address 6 Wellman St

City  
BrooklineState  
MAZip Code  
02446-2831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M	D D	Y Y Y Y
04	21	2019

**Transaction ID : VR08CSEWK0**

Amount of Each Receipt this Period

35.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►