

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 607 OF 806
(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 Black Caucus PAC

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

A. Schutt, Paul, L., ,

Mailing Address PO Box 9536

City
BreckenridgeState
COZip Code
80424-9012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
07	29	2019

Transaction ID : VNW66H08TJ1

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Schwaber, Paul, D., ,

Mailing Address 80 Underhill Rd

City
HamdenState
CTZip Code
06517-1539FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.50

Date of Receipt

M M	D D	Y Y Y Y Y Y
07	01	2019

Transaction ID : VNW66GZWHK5

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Schwaber, Paul, D., ,

Mailing Address 80 Underhill Rd

City
HamdenState
CTZip Code
06517-1539FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

393.50

Date of Receipt

M M	D D	Y Y Y Y Y Y
07	08	2019

Transaction ID : VNW66H00T21

Amount of Each Receipt this Period

35.00

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

75.00

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