

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 13  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**PEOPLE FOR BIKES COALITION LTD. POLITICAL ACTION COMMITTEE, DBA 'BikesPAC'**

<b>A. West, Jason, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>04 / 09 / 2019</span> </div>		
Mailing Address 414 E. Espanola St.			<b>Transaction ID : SA11AI.7244</b>		
City Colorado Springs	State CO	Zip Code 80907	Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>250.00</span> </div>		
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) SRAM		Occupation (for Individual) Catagory Manager	Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>250.00</span> </div>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
<b>B.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div>		
Mailing Address			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>		
Name of Employer (for Individual)		Occupation (for Individual)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
<b>C.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div>		
Mailing Address			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>		
Name of Employer (for Individual)		Occupation (for Individual)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>250.00</span> </div>		
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>5000.00</span> </div>		