

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DR. CHUCK FOR CONGRESS

| | | | | | |
|---|-------------|-------------------------------------|--|--|--|
| A. Full Name (Last, First, Middle Initial) Bojrab, Chris, , , | | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2019 | | |
| Mailing Address 12963 Coastline Court | | | Transaction ID : SA11AI.4383 | | |
| City Fishers | State IN | Zip Code 46055 | Amount of Each Receipt this Period 2800.00 | | |
| FEC ID number of contributing federal political committee. C | | Memo Item <input type="checkbox"/> | | | |
| Name of Employer Indiana Health Group | | Occupation Physician | | | |
| Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 2800.00 | | | |
| B. Full Name (Last, First, Middle Initial) Bopp, Jim, , , | | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2019 | | |
| Mailing Address 6470 Mayfield Lane | | | Transaction ID : SA11AI.4340 | | |
| City Zionsville | State IN | Zip Code 46077 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | Memo Item <input type="checkbox"/> | | | |
| Name of Employer The Bopp Law Firm | | Occupation Attorney | | | |
| Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 500.00 | | | |
| C. Full Name (Last, First, Middle Initial) Bracale, Lori, , , | | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2019 | | |
| Mailing Address 6740 E Walnut Street | | | Transaction ID : SA11AI.4406 | | |
| City New Albany | State OH | Zip Code 43054 | Amount of Each Receipt this Period 2800.00 | | |
| FEC ID number of contributing federal political committee. C | | Memo Item <input type="checkbox"/> | | | |
| Name of Employer Self | | Occupation Homemaker | | | |
| Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 2800.00 | | | |
| SUBTOTAL of Receipts This Page (optional)..... ▶ | | | 6100.00 | | |
| TOTAL This Period (last page this line number only)..... ▶ | | | | | |