

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2318 OF 3810

(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)

**CHC BOLD PAC**

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

**A. Montgomery, Craig, , ,**

Mailing Address PO Box 1219

City  
ClackamasState  
ORZip Code  
97015-1219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

794.50

Date of Receipt

M M	D D	Y Y Y Y
05	25	2020

**Transaction ID : VTEJXYKP7D0**

Amount of Each Receipt this Period

16.00

☐ Memo Item

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

**B. Montgomery, Craig, , ,**

Mailing Address PO Box 1219

City  
ClackamasState  
ORZip Code  
97015-1219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

794.50

Date of Receipt

M M	D D	Y Y Y Y
05	25	2020

**Transaction ID : VTEJXYKS6W2**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. Montgomery, Craig, , ,**

Mailing Address PO Box 1219

City  
ClackamasState  
ORZip Code  
97015-1219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

794.50

Date of Receipt

M M	D D	Y Y Y Y
05	25	2020

**Transaction ID : VTEJXYKS6X0**

Amount of Each Receipt this Period

5.00

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

36.00

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