

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

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

FOR LINE NUMBER: PAGE 2587 OF 3180

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Sullivan, Barbara, , ,**

Mailing Address 21135 Freedom Dr

City  
Cupertino

State  
CA

Zip Code  
95014-5705

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Publisher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

**Transaction ID : VTEJXMNQRD2**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Sullivan, Brigitte, , ,**

Mailing Address 317 Homestead Dr

City  
Cary

State  
NC

Zip Code  
27513-2907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross/Blue Shield of N Carolina

Occupation (for Individual)

Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

**Transaction ID : VTEJXMNKHT9**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Sullivan, Brigitte, , ,**

Mailing Address 317 Homestead Dr

City  
Cary

State  
NC

Zip Code  
27513-2907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross/Blue Shield of N Carolina

Occupation (for Individual)

Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2017

**Transaction ID : VTEJXMRXCT3**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

55.00