

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

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

FOR LINE NUMBER: PAGE 22903 OF 70573

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REPUBLICAN NATIONAL COMMITTEE**

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

**A. SCHMIDT, JUSTIN, , MR.,**

Mailing Address 229-B PATRIOT RIDGE DR.

City

WHEELERSBURG

State

OH

Zip Code

45694-7824

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SCHMIDT FAMILY RESTAURANT GROUP

Occupation (for Individual)

RESTAURANT FRANCHISEE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2019

**Transaction ID : SA11A.84579849**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

**B. SCHNAGEL, MARTIN, , ,**

Mailing Address 20113 CASTLEMAINE AVE

City

ESTERO

State

FL

Zip Code

33928-3413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MARTIN H SCHNAGEL INSURANCE INC

Occupation (for Individual)

INSURANCE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2019

**Transaction ID : SA11A.84657054**

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

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

**C. SCHNEEBERGER, JIM, , MR.,**

Mailing Address 701 ENFIELD GRANT CT

City

CARY

State

NC

Zip Code

27519-0511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

SELF-EMPLOYED

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2019

**Transaction ID : SA11A.84568180**

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

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

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

745.00