

# **SCHEDULE A (FEC Form 3X)** **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 ☐ 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. SCHIEDEL, TOM, , MR.,**

Mailing Address 1188 OAK OPENINGS RD.

City  
HONEOYE FALLS

State  
NY

Zip Code  
14472-9405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

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 / 27 / 2019

**Transaction ID : SA11A.84640300**

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

**B. SCHLINK, PHILIP, E., MR.,**

Mailing Address 3055 COUNTY ROAD 39

City  
WATERLOO

State  
IN

Zip Code  
46793-9514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COLOR MASTER, INC

Occupation (for Individual)  
C.E.O.

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  
12 / 27 / 2019

**Transaction ID : SA11A.84602396**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. SCHMIDT, ANTON, , MR.,**

Mailing Address 7324WESTMORE

City  
ROCKVILLE

State  
MD

Zip Code  
20850-1260

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

872.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2019

**Transaction ID : SA11A.84677813**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

350.00

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