

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

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

FOR LINE NUMBER: PAGE 1932 OF 3539

(check only one)

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

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NAME OF COMMITTEE (In Full)

Fair Fight

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

A. Schmidt, Derek, , ,

Mailing Address 1560 Boulder St
Unit 426

City
Denver

State
CO

Zip Code
80211-4014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Of Colorado Hospital

Occupation (for Individual)
Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2019

Transaction ID : VR060TVZHN1

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Schmidt, Derek, , ,

Mailing Address 1560 Boulder St
Unit 426

City
Denver

State
CO

Zip Code
80211-4014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Of Colorado Hospital

Occupation (for Individual)
Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2019

Transaction ID : VR060TWE457

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Schmidt, Derek, , ,

Mailing Address 1560 Boulder St
Unit 426

City
Denver

State
CO

Zip Code
80211-4014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Of Colorado Hospital

Occupation (for Individual)
Physician Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : VR060TWP8W1

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

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