

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

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

FOR LINE NUMBER: PAGE 1934 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 ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 22 / 2019

Transaction ID : VR060TXAX85

Amount of Each Receipt this Period

100.00

☐ 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 ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 13 / 2019

Transaction ID : VR060TY44B9

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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2019

Transaction ID : VR060TY0TE0

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

200.00

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