

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

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

FOR LINE NUMBER: PAGE 5727 OF 8243

(check only one)

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

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NAME OF COMMITTEE (In Full)

**NRCC**

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

**A. SCHMIDT, ELIZABETH, A., MRS.,**

Mailing Address 325 5TH AVE P.O. BOX 217

City  
ALBIN

State  
WY

Zip Code  
82050-0217

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 ▼

203.40

Date of Receipt

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

**Transaction ID : SA11A.18367804**

Amount of Each Receipt this Period

20.20

☐ Memo Item  
CONTRIBUTION

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

**B. SCHMIDT, ELIZABETH, A., MRS.,**

Mailing Address 325 5TH AVE P.O. BOX 217

City  
ALBIN

State  
WY

Zip Code  
82050-0217

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 ▼

203.40

Date of Receipt

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

**Transaction ID : SA11A.18367807**

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

**C. SCHMIDT, ELIZABETH, A., MRS.,**

Mailing Address 325 5TH AVE P.O. BOX 217

City  
ALBIN

State  
WY

Zip Code  
82050-0217

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 ▼

203.40

Date of Receipt

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

**Transaction ID : SA11A.18367808**

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

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

60.20