

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

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

FOR LINE NUMBER: PAGE 3217 OF 4387

(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. SCHNEIDER, MICHAEL C, , ,

Mailing Address 1000 ROYAL HEIGHTS ROAD
88

City
BELLEVILLE

State
IL

Zip Code
62226-5492

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GATEWAY REGIONAL MEDICAL CENTER

Occupation (for Individual)

RESPIRATORY THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : SA11A.18235069

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. SCHNEIDER, PETER, , ,

Mailing Address 1804 SEAL WAY

City

DISCOVERY BAY

State

CA

Zip Code

94505-9230

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2019

Transaction ID : SA11A.18225653

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. SCHNEEBECK, ROBERT, W., MR.,

Mailing Address 741 N MANASOTA KEY RD

City

ENGLEWOOD

State

FL

Zip Code

34223-9758

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CONTINENTAL NATL. IND

Occupation (for Individual)

INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2019

Transaction ID : SA11A.18185785

Amount of Each Receipt this Period

400.00

☐ Memo Item
CONTRIBUTION

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

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

475.00