

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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, HORACE, , ,

Mailing Address 2147 BELLERIDGE PIKE

City

CAPE GIRARDEAU

State

MO

Zip Code

63701-1866

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GASTROENTEROLOGY ASSOCIATES OF SEMO

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	14	/	2019

Transaction ID : SA11A.18144432

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

B. SCHNEIDER, HORACE, , ,

Mailing Address 2147 BELLERIDGE PIKE

City

CAPE GIRARDEAU

State

MO

Zip Code

63701-1866

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GASTROENTEROLOGY ASSOCIATES OF SEMO

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	14	/	2019

Transaction ID : SA11A.18144500

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

C. SCHNEIDER, JEFFREY, , ,

Mailing Address 46116 REX COURT

City

NEW BALTIMORE

State

MI

Zip Code

48051-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	27	/	2019

Transaction ID : SA11A.18165053

Amount of Each Receipt this Period

200.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

400.00