

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2528 OF 3512

(check only one)

<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, MICHAEL C, , ,**Mailing Address 1000 ROYAL HEIGHTS ROAD  
88City  
BELLEVILLEState  
ILZip Code  
62226-5492FEC 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 ▼

205.00

Date of Receipt

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

**Transaction ID : SA11A.18143641**

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 BAYState  
CAZip Code  
94505-9230FEC 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 ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	19	/	2019

**Transaction ID : SA11A.18151723**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

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

**C. SCHNEIDER, PETER, , ,**

Mailing Address 1804 SEAL WAY

City  
DISCOVERY BAYState  
CAZip Code  
94505-9230FEC 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 ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2019

**Transaction ID : SA11A.18167370**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....▶

125.00

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