

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

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

FOR LINE NUMBER: PAGE 5350 OF 10882

(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  
ALBINState  
WYZip Code  
82050-0217FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2019

Transaction ID : SA11A.18433695

Amount of Each Receipt this Period

5.00

☐ 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  
ALBINState  
WYZip Code  
82050-0217FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2019

Transaction ID : SA11A.18433696

Amount of Each Receipt this Period

5.00

☐ 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  
ALBINState  
WYZip Code  
82050-0217FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

323.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2019

Transaction ID : SA11A.18433710

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

15.00

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