

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 33 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Invest in a Strong and Secure America

A. POWER, ALEXANDER M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1160

| | | |
|-----------------|-------------|-------------------|
| City SOLVANG | State CA | Zip Code 93464 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) NONE | Occupation (for Individual) RETIRED |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2018

Transaction ID : INCA5097

Amount of Each Receipt this Period
500.00

Memo Item

B. RATH, EUNICE M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1720 E LAWN DR

| | | |
|-----------------|-------------|-------------------|
| City SAVANNA | State IL | Zip Code 61074 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) NONE | Occupation (for Individual) RETIRED |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2018

Transaction ID : INCA5059

Amount of Each Receipt this Period
200.00

Memo Item

C. RIES, MELVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3585 ROUND BARN BLVD APT 329

| | | |
|--------------------|-------------|-------------------|
| City SANTA ROSA | State CA | Zip Code 95403 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) NONE | Occupation (for Individual) RETIRED |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2018

Transaction ID : INCA4921

Amount of Each Receipt this Period
750.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1450.00 |
| TOTAL This Period (last page this line number only)..... | |