

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

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

FOR LINE NUMBER: PAGE 132 OF 467
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NRCC

Full Name (Last, First, Middle Initial)
A. MR. JOHN P. FRAPASELLA

Mailing Address 10511 N EUCLID AVE

City State Zip Code
KANSAS CITY MO 64155-3263

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2015
Transaction ID : SA11.15826597

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. DELISA J. FREDRICKSON

Mailing Address P.O. BOX 73

City State Zip Code
MOUNT CARROLL IL 61053-0073

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

Name of Employer Occupation
FREEPORT MEMORIAL HOSPITAL CPA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2015
Transaction ID : SA11.15823172

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. RANDALL FROST

Mailing Address P.O. BOX 3280

City State Zip Code
GAINESVILLE GA 30503-3280

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

Name of Employer Occupation
STEWART MELVIN & FROST LLP PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2015
Transaction ID : SA11.15827930

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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