

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

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

FOR LINE NUMBER: PAGE 2279 OF 3275

(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. ROBERTS, KYLE, , ,**

Mailing Address 47 SIMONICH CIRCLE

City  
CHICOPEE

State  
MA

Zip Code  
01013-3647

FEC 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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2019

Transaction ID : SA11A.18112436

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. ROBERGE, MICHAEL, , ,**

Mailing Address 51 WILD DUNES WAY  
NO.4

City

OLD ORCHARD BEACH

State  
ME

Zip Code  
04064-4148

FEC 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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2019

Transaction ID : SA11A.18096745

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. ROBERTS, SHIRLEY, A., ,**

Mailing Address 101 TIMBERLINE DR. NORTH

City

COLLEYVILLE

State  
TX

Zip Code  
76034-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVIATION ALLIANCE INC.

Occupation (for Individual)  
PROFESSIONAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2019

Transaction ID : SA11A.18077426

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

200.00