

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

FOR LINE NUMBER: PAGE 2535 OF 3275

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NRCC

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

A. SMITH, PATRICIA, , ,

Mailing Address 17130 MCRAE RD. NW

City
ARLINGTONState
WAZip Code
98223-8089FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALL ONE INC. SELF EMPLOYEDOccupation (for Individual)
FOOD SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M	D D	Y Y Y Y
05	16	2019

Transaction ID : SA11A.18094708

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. SMITH, PATRICIA, , ,

Mailing Address 17130 MCRAE RD. NW

City
ARLINGTONState
WAZip Code
98223-8089FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALL ONE INC. SELF EMPLOYEDOccupation (for Individual)
FOOD SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M	D D	Y Y Y Y
05	22	2019

Transaction ID : SA11A.18103047

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. SMITH, PETER, , MR.,

Mailing Address 3333 FOOTHILL BLVD

City
LA CRESCENTAState
CAZip Code
91214-2517FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BOB SMITH TOYOTAOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
05	30	2019

Transaction ID : SA11A.18116223

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).....▶

135.00