

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

FOR LINE NUMBER: PAGE 2709 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
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NAME OF COMMITTEE (In Full)

**NRCC**

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

**A. THORNTON, WILLIAM, A., ,**

Mailing Address 4165 SINCLAIR SHORES

City  
CUMMINGState  
GAZip Code  
30041-5418FEC 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 ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
05	30	2019

Transaction ID : SA11A.18117510

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. THORP, RICHARD, , ,**

Mailing Address 106 PIVER LANE

City  
MILLINGTONState  
MDZip Code  
21651-1470FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ILSBIOTEC

Occupation (for Individual)

CANCER RESEARCH SCIENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
05	03	2019

Transaction ID : SA11A.18069913

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. THREATT, DIAN, , ,**

Mailing Address 6221 CROSS CREEK LANE

City  
CHARLOTTEState  
NCZip Code  
28212-2921FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FOUR SEASONS HOMEOWNERS ASSOCIATION

Occupation (for Individual)

FINANCIAL/ADMIN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M	D D	Y Y Y Y
05	17	2019

Transaction ID : SA11A.18096653

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

200.00

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