

# **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)

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☒ 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. HARRIS, WILLIAM, G., MR.,**

Mailing Address 502 CHERRY LANE

City  
JOHNSTOWN

State  
PA

Zip Code  
15904-2647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
HARRIS FUNERAL HOME, INC

Occupation (for Individual)  
FUNERAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**10 / 30 / 2018**

**Transaction ID : SA11A.17703409**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. HARRIS, WILLIAM, G., MR.,**

Mailing Address 502 CHERRY LANE

City  
JOHNSTOWN

State  
PA

Zip Code  
15904-2647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
HARRIS FUNERAL HOME, INC

Occupation (for Individual)  
FUNERAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**11 / 05 / 2018**

**Transaction ID : SA11A.17733761**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. HARROLD, THOMAS, U., MR.,**

Mailing Address 5965 GLENBROOK DR.

City  
BOCA RATON

State  
FL

Zip Code  
33433-5225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

261.00

Date of Receipt

**10 / 22 / 2018**

**Transaction ID : SA11A.17675772**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

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

225.00