

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

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

FOR LINE NUMBER: PAGE 1786 OF 2351

(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. SMITH, STEPHEN, , MR.,**

Mailing Address 11244 N. THRUSH DR.

City  
PARKER

State  
CO

Zip Code  
80138-7931

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 07 / 2017

**Transaction ID : SA11A.17025281**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. SMITH, THOMAS, L., MR.,**

Mailing Address P O BOX 508

City  
CALVERT CITY

State  
KY

Zip Code  
42029-0508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2017

**Transaction ID : SA11A.17017487**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. SMITH, WALTER, H., MR., JR.**

Mailing Address 41862 BAINTREE CIR

City  
NORTHVILLE

State  
MI

Zip Code  
48168-2363

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STATE FARM MUTUAL AUTOMOBILE INSURANCE

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2017

**Transaction ID : SA11A.17041780**

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

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

70.00