



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**NRCC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="1477269.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19838176.59"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5058306.57"/>	<input type="text" value="57913876.41"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="24896483.16"/>	<input type="text" value="59391146.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1957888.53"/>	<input type="text" value="36452551.70"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22938594.63"/>	<input type="text" value="22938594.63"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**NRCC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	668031.50	11933009.32
(ii) Unitemized .....	363362.40	6810787.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1031393.90	18743796.64
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3115485.50	19936272.04
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4146879.40	38680068.68
12. Transfers From Affiliated/Other Party Committees.....	601130.95	7428026.83
13. All Loans Received .....	0.00	7000000.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1249.00	394377.46
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	309047.22	4411403.44
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5058306.57	57913876.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5058306.57	57913876.41

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1947888.53	20518605.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1947888.53	20518605.37
22. Transfers to Affiliated/Other Party Committees.....	10000.00	205000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	130000.00
24. Independent Expenditures (use Schedule E) .....	0.00	82186.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	148585.00
26. Loan Repayments Made.....	0.00	1480000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	343130.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	15000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	358130.00
29. Other Disbursements .....	0.00	210045.33
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1957888.53	36452551.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1957888.53	36452551.70

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4146879.40	38680068.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	358130.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4146879.40	38321938.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1947888.53	20518605.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1249.00	394377.46
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1946639.53	20124227.91

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

All payments reported on Line 21b are operating and administrative payments solely benefiting and on behalf of the NRCC. As such, they are not made on behalf of any specifically identified federal candidates, nor do they constitute public communications or voter drive activity containing express advocacy. Therefore, these disbursements are correctly reported on Schedule B for Line 21b, and do not require a Schedule B, Schedule E, or Schedule F for lines 23, 24 or 25. The Committee has reviewed all reimbursements for travel and subsistence and confirms all itemized memos are reported on Line 21b pursuant to the Commission regulations.

Form/Schedule:  
Transaction ID:

**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)	PAGE 7 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. MS. JUNE ABBOTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 2236

City COTTONWOOD	State CA	Zip Code 96022-2236
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

**Transaction ID : SA11.16028608**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B. MS. JUNE ABBOTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 2236

City COTTONWOOD	State CA	Zip Code 96022-2236
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

**Transaction ID : SA11.16037849**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C. ROGER ABE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2075 STATE HIGHWAY 65

City WHEATLAND	State CA	Zip Code 95692-9726
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation FARMER
-----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

**Transaction ID : SA11.16026745**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. MURIEL ABLES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 750 E DOLLIE ST  
City OXNARD State CA Zip Code 93033-7772  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036495**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. MR. JACK S. D. ABRAHAM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 87-02 PALERMO ST.  
City HOLLIS State NY Zip Code 11423-1222  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PGR INC Occupation SALES  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16039432**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. MR. LOREN C. ACKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4831 E WINGED FOOT PL.  
City TUCSON State AZ Zip Code 85718-1727  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation ENGINEER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 665.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16027011**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 450.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 9 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROGER ADAMS**

Mailing Address **S41W27657 HONEY ACRES CT.**

City **WAUKESHA** State **WI** Zip Code **53189-6413**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UNISOURCE** Occupation **SALES**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**10 / 22 / 2015**  
**Transaction ID : SA11.16045750**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. GOLDA ADERS**

Mailing Address **20610 OAK ST**

City **BRISTOW** State **IN** Zip Code **47515-8993**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.00**

Date of Receipt  
**10 / 27 / 2015**  
**Transaction ID : SA11.16037753**

Amount of Each Receipt this Period  
**75.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. GOLDA L. ADERS**

Mailing Address **P.O. BOX 108**

City **BRISTOW** State **IN** Zip Code **47515-0108**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt  
**10 / 28 / 2015**  
**Transaction ID : SA11.16038342**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

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

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

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

FOR LINE NUMBER: PAGE 10 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. PETER V. AGUR**  
 Mailing Address 30 W LAMBERT LANE UNIT 217  
 City State Zip Code  
 ORO VALLEY AZ 85737-7140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034560**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DON AHNGER**  
 Mailing Address 2505 ANTHEM VILLAGE DR # E383  
 City State Zip Code  
 HENDERSON NV 89052-5505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MIDWAY FORD TRUCK CENTER TRUCK DEALER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16045622**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. LAURETTE L. ALBAUGH**  
 Mailing Address 1075 FULTON AVE APT 244  
 City State Zip Code  
 SACRAMENTO CA 95825-4281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040700**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. CAROL H. ALBRECHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 WYCKOFF WAY  
 City CHESTER State NJ Zip Code 07930-2477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16029817**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MR. JACK R. ALBRECHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5607 MILITARY COURT  
 City FAIRFIELD State CA Zip Code 94533-9725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16029886**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MR. DON D. ALEXANDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10010 W. PAWNEE ST.  
 City WICHITA State KS Zip Code 67215-1572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16039456**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 175.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 12 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JAMES W. ALEXANDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 85 JEFFREY PINE LANE

City CARSON CITY State NV Zip Code 89705-6837

FEC ID number of contributing federal political committee. **C**

Name of Employer ALEXANDER ENERGY Occupation GENERAL MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 05 / 2015  
Transaction ID : SA11.16026055

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**B. SCOTT ALIFERIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 9604 TIMBERVIEW COURT

City VIENNA State VA Zip Code 22182-4410

FEC ID number of contributing federal political committee. **C**

Name of Employer K & L GATES Occupation GOVERNMENT RELATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 19 / 2015  
Transaction ID : SA11.16032636

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**C. MS. ANDRIA ALLEN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 73

City SOUTH LANCASTER State MA Zip Code 01561-0073

FEC ID number of contributing federal political committee. **C**

Name of Employer NYPRO INC Occupation LABORER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1210.00

Date of Receipt 10 / 16 / 2015  
Transaction ID : SA11.16032521

Amount of Each Receipt this Period 20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00

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

**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)	PAGE 13 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. ANDRIA ALLEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 73

City SOUTH LANCASTER	State MA	Zip Code 01561-0073
FEC ID number of contributing federal political committee. C		
Name of Employer NYPRO INC	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1210.00	

Date of Receipt  
10 / 20 / 2015  
**Transaction ID : SA11.16034370**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

**B. MS. ANDRIA ALLEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 73

City SOUTH LANCASTER	State MA	Zip Code 01561-0073
FEC ID number of contributing federal political committee. C		
Name of Employer NYPRO INC	Occupation LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1210.00	

Date of Receipt  
10 / 30 / 2015  
**Transaction ID : SA11.16040585**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

**C. MR. BENJAMIN C. ALLEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6000 RIVERSIDE DR. APT. A374

City DUBLIN	State OH	Zip Code 43017-5484
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt  
10 / 23 / 2015  
**Transaction ID : SA11.16035724**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	540.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 14 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DOUGLAS L. ALLEN**

Mailing Address 8223 ARBOR CT

City State Zip Code  
FORT MYERS FL 33908-2866

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1105.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030842**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DOUGLAS L. ALLEN**

Mailing Address 8223 ARBOR CT

City State Zip Code  
FORT MYERS FL 33908-2866

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1105.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031758**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DOUGLAS L. ALLEN**

Mailing Address 8223 ARBOR CT

City State Zip Code  
FORT MYERS FL 33908-2866

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1105.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039167**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DOUGLAS L. ALLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8223 ARBOR CT  
 City FORT MYERS State FL Zip Code 33908-2866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1105.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16039348**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**B. MR. J. HOWARD ALLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4501 W SHANNON LAKES DR. APT 111  
 City TALLAHASSEE State FL Zip Code 32309-2297  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036356**  
 Amount of Each Receipt this Period 20.00  
 CONTRIBUTION

**C. JACK ALMAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3411 W. BUSCH BLVD.  
 City TAMPA State FL Zip Code 33618-4401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036184**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 155.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DORIS A. ALPERT**

Mailing Address 3115 S OCEAN BLVD  
APT 904

City State Zip Code  
HIGHLAND BEACH FL 33487-2575

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2201.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16035687**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MICHAEL ANACLERIO**

Mailing Address 306 COLLETON AVE SE

City State Zip Code  
AIKEN SC 29801-7102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MORGAN STANLEY SMITH BARNEY FINANCIAL CONSULTANT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030746**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DANA K. ANDERSON**

Mailing Address 100 FALL CREEK ROAD  
SUITE 700

City State Zip Code  
LAWRENCE KS 66049-9067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MACERICH REAL ESTATE INVESTMENT TRUST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10050.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038667**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2125.00

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



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

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

FOR LINE NUMBER: PAGE 17 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DONALD ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1608 9TH AVENUE, NE  
 City ROCHESTER State MN Zip Code 55906-4208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038679**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MS. DOROTHY J. ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20871 2ND. PL. SW  
 City NORMANDY PARK State WA Zip Code 98166-4225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 477.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037651**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**C. MS. DOROTHY J. ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20871 2ND. PL. SW  
 City NORMANDY PARK State WA Zip Code 98166-4225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 477.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040388**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 18 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. EDWIN ANDERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6337 GLEN HOLLOW DRIVE  
City LIBERTY TWP State OH Zip Code 45011-0442  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027478**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**B. EDWIN ANDERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6337 GLEN HOLLOW DRIVE  
City LIBERTY TWP State OH Zip Code 45011-0442  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16039096**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**C. EDWIN ANDERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6337 GLEN HOLLOW DRIVE  
City LIBERTY TWP State OH Zip Code 45011-0442  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16039934**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MS. JEANNE A. ANDERSON</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2015
Mailing Address 3869 OWENA STREET		<b>Transaction ID : SA11.16033386</b>
City HONOLULU	State HI	Zip Code 96815-4521
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer RETIRED	Occupation RETIRED	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) <b>B. MS. JEANNE A. ANDERSON</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2015
Mailing Address 3869 OWENA STREET		<b>Transaction ID : SA11.16034354</b>
City HONOLULU	State HI	Zip Code 96815-4521
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer RETIRED	Occupation RETIRED	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) <b>C. MS. JEANNE A. ANDERSON</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2015
Mailing Address 3869 OWENA STREET		<b>Transaction ID : SA11.16034355</b>
City HONOLULU	State HI	Zip Code 96815-4521
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer RETIRED	Occupation RETIRED	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT S. ANDERSON USMC RET.**

Mailing Address 2040 HILLMAN CIR

City	State	Zip Code
ORANGE	CA	92867-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
430.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

**Transaction ID : SA11.16032065**

Amount of Each Receipt this Period  
60.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. SALLY ANDERSON**

Mailing Address 180 PALM ISLAND LN

City	State	Zip Code
VERO BEACH	FL	32963-3954

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SALLY ANDERSON	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

**Transaction ID : SA11.16028166**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. WILLIAM ANDREWS**

Mailing Address 1409 MORAN RD.

City	State	Zip Code
FRANKLIN	TN	37069-6301

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CORRECTIONS CORPORATION OF AMERICA	SELF-EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

**Transaction ID : SA11.16027361**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 21 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. JAYNE W. ANSLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11315 TOWNSHIP ROAD 180  
 City KENTON State OH Zip Code 43326-9312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028601**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MS. LINDA ARAHA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1230 N ST APT 506  
 City SACRAMENTO State CA Zip Code 95814-5615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035884**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MS. MARIA P. ARCINIEGA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 PALMETTO ST APT 2R  
 City BROOKLYN State NY Zip Code 11221-4987  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 940.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033439**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 22 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. ROBIN WERBER ARMANDPOUR**

Mailing Address **601 SWARTHMORE AVE**

City **PACIFIC PALISADES** State **CA** Zip Code **90272-4352**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **INVESTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 30 / 2015**

**Transaction ID : SA11.16041347**

Amount of Each Receipt this Period **500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. CHARLES E. ARNETT**

Mailing Address **P.O. BOX 2158**

City **SHELTON** State **CT** Zip Code **06484-1158**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 05 / 2015**

**Transaction ID : SA11.16026692**

Amount of Each Receipt this Period **500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOHN ARSLANIAN**

Mailing Address **1060 DAVISVILLE RD.**

City **WARMINSTER** State **PA** Zip Code **18974-2401**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ARSLANIAN RESTORATION** Occupation **FURNITURE REPAIR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **10 / 31 / 2015**

**Transaction ID : SA11.16039943**

Amount of Each Receipt this Period **50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **1050.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. LANDON ASH</b>		Date of Receipt 10 / 28 / 2015 <b>Transaction ID : SA11.16038097</b>
Mailing Address 2201 LANE PARK		Amount of Each Receipt this Period 30000.00
City MOUNTAIN BRK	State AL	Zip Code 35223-1126
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer XTREME CONCEPTS	Occupation C.E.O.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30000.00	

Full Name (Last, First, Middle Initial) <b>B. MRS. NANCY M. ASHMORE</b>		Date of Receipt 10 / 19 / 2015 <b>Transaction ID : SA11.16033407</b>
Mailing Address 216 PEPPERTREE CROSSING AVE		Amount of Each Receipt this Period 50.00
City BRUNSWICK	State GA	Zip Code 31525-0548
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>C. JEAN MARIE ATAMIAN</b>		Date of Receipt 10 / 28 / 2015 <b>Transaction ID : SA11.16038193</b>
Mailing Address 1326 MADISON AVE APT 71		Amount of Each Receipt this Period 50.00
City NEW YORK	State NY	Zip Code 10128-1364
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer MAYER BROWN, LLP	Occupation LAWYER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DEAN AUSTIN**

Mailing Address P.O. BOX 16032

City State Zip Code  
SALT LAKE CITY UT 84116-0032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 /  /   
 10 / 26 / 2015  
**Transaction ID : SA11.16036234**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JANET AYERS**

Mailing Address 4950 N ASHLAND AVE APT 750

City State Zip Code  
CHICAGO IL 60640-3477

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.00

Date of Receipt  
 /  /   
 10 / 14 / 2015  
**Transaction ID : SA11.16031624**

Amount of Each Receipt this Period  
 137.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DAVID AYRES**

Mailing Address 33 WESSKUM WOOD ROAD

City State Zip Code  
RIVERSIDE CT 06878-1903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SOTHEBY'S REALTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 /  /   
 10 / 28 / 2015  
**Transaction ID : SA11.16037999**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶  172.00

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



**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)	PAGE 25 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. ARTHUR A. BACHER**

Mailing Address 47 FOREST COVE DR.

City AKRON State OH Zip Code 44319-3666

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030603**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOHN BADAMO**

Mailing Address 245 W MAIN ST  
APT 311

City LAKE ZURICH State IL Zip Code 60047-3116

FEC ID number of contributing federal political committee. **C**

Name of Employer JEWEL OSCO SUPER MARKET Occupation CLERK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034080**

Amount of Each Receipt this Period  
 40.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. WILLIAM D. BAIN**

Mailing Address 307 ESSEX RIDGE CT

City SPARTANBURG State SC Zip Code 29307-1540

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026678**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1140.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 26 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. JANET BAINES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 360 INDIAN HARBOR RD  
 City VERO BEACH State FL Zip Code 32963-3509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 870.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031535**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MRS. JANET BAINES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 360 INDIAN HARBOR RD  
 City VERO BEACH State FL Zip Code 32963-3509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 870.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035003**  
 Amount of Each Receipt this Period 310.00  
 CONTRIBUTION

**C. MR. GAYLE C. BAINTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 SHERIDAN AVE APT 9  
 City HOXIE State KS Zip Code 67740-9627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16033980**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 445.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 27 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. GAYLE C. BANTER**  
 Mailing Address 2025 SHERIDAN AVE APT 9  
 City HOXIE State KS Zip Code 67740-9627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC SELF EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 209.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040405**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. EDWARD BAKER**  
 Mailing Address 6814 FOOUNTAIN LANE  
 City BATON ROUGE State LA Zip Code 70809-1045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 EHM HOTEL MANAGEMENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045819**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. GEORGE D. BAKER**  
 Mailing Address 921 RIPLEY LANE  
 City OYSTER BAY State NY Zip Code 11771-4605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WILLIAMS JONES & ASSOCIATES INVESTMENT MANAGER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2015  
**Transaction ID : SA11.16035591**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 28 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. LAWRENCE C. BAKER JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 PASEO DE PINO  
 City RANCHO PALOS VERDES State CA Zip Code 90275-6383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030900**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MR. RAUL R. BALCARCEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1907 PORT BRISTOL CIR  
 City NEWPORT BEACH State CA Zip Code 92660-5412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BMI Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 15 / 2015  
**Transaction ID : SA11.16032006**  
 Amount of Each Receipt this Period 60.00  
 CONTRIBUTION

**C. DONALD E. BALDOVIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1108 LAVACA ST #110 122  
 City AUSTIN State TX Zip Code 78701-2110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA11.16038269**  
 Amount of Each Receipt this Period 700.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 860.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JAMES BALDWIN**  
 Mailing Address 5442 S AMBERWOOD DR  
 City State Zip Code  
 CHANDLER AZ 85248-6302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16035694**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. CHARLES W. BALL**  
 Mailing Address 2150 CITRUS TREE LN  
 City State Zip Code  
 SPRING VALLEY CA 91977-7016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2015  
**Transaction ID : SA11.16028197**  
 Amount of Each Receipt this Period  
 55.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. CHARLES W. BALL**  
 Mailing Address 2150 CITRUS TREE LN  
 City State Zip Code  
 SPRING VALLEY CA 91977-7016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16029904**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 335.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HERBERT BALTER**  
 Mailing Address 33 SUNSET AVE  
 City State Zip Code  
 VENICE CA 90291-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034550**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. GAILE BARATTO**  
 Mailing Address 1108 ARBOLADO ROAD  
 City State Zip Code  
 SANTA BARBARA CA 93103-2040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032662**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ANNE M. BARBEY**  
 Mailing Address 1132 SW 19TH AVENUE UNIT 703  
 City State Zip Code  
 PORTLAND OR 97205-1744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED BUSINESS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027704**  
 Amount of Each Receipt this Period  
 225.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 355.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 31 OF 824
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. H. RIGEL BARBER**  
Full Name (Last, First, Middle Initial)

Mailing Address 321 W. MENOMONEE STEET

City	State	Zip Code
CHICAGO	IL	60614-5341

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
JMB REALTY	REALTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027751**

Amount of Each Receipt this Period  
**400.00**

CONTRIBUTION

**B. MISS CONSTANCE C. BARNES**  
Full Name (Last, First, Middle Initial)

Mailing Address 244 LIBERTY ST

City	State	Zip Code
WARSAW	NY	14569-9501

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027021**

Amount of Each Receipt this Period  
**30.00**

CONTRIBUTION

**C. MR. DONALD B. BARNES**  
Full Name (Last, First, Middle Initial)

Mailing Address 427 PINE ST

City	State	Zip Code
GRASS VALLEY	CA	95945-7351

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NEVADA CITY SCHOOL DISTRICT. NEVADA	NIGHT CUSTODIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039168**

Amount of Each Receipt this Period  
**70.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 32 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. KIMBREW BARNETT JR.**  
 Mailing Address **9811 SALISBURY AVE**  
 City State Zip Code  
**LUBBOCK TX 79424-5010**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**RETIRED RETIRED**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : SA11.16039483**  
 Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. WILLA MAE BARNHIZER**  
 Mailing Address **1430 HISER STATION RD**  
 City State Zip Code  
**MILTON IN 47357-9764**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**HOMEMAKER HOMEMAKER**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
**10 / 19 / 2015**  
**Transaction ID : SA11.16033056**  
 Amount of Each Receipt this Period  
**20.00**  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MIKE BARRETT**  
 Mailing Address **7840 KNOX COURT**  
 City State Zip Code  
**WESTMINSTER CO 80030-4237**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**RETIRED RETIRED**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**205.00**

Date of Receipt  
**10 / 18 / 2015**  
**Transaction ID : SA11.16032406**  
 Amount of Each Receipt this Period  
**25.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **145.00**  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MIKE BARRETT**  
 Mailing Address 7840 KNOX COURT  
 City WESTMINSTER State CO Zip Code 80030-4237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032940**  
 Amount of Each Receipt this Period  
 15.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. BEVERLY BARROWS**  
 Mailing Address 304 NORTH GRAND AVE  
 City CARMEN State OK Zip Code 73726-2202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031190**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. BEVERLY BARROWS**  
 Mailing Address 304 NORTH GRAND AVE  
 City CARMEN State OK Zip Code 73726-2202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031861**  
 Amount of Each Receipt this Period  
 15.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. BEVERLY BARROWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 NORTH GRAND AVE  
 City CARMEN State OK Zip Code 73726-2202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035976**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MS. BEVERLY BARROWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 NORTH GRAND AVE  
 City CARMEN State OK Zip Code 73726-2202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036684**  
 Amount of Each Receipt this Period 30.00  
 CONTRIBUTION

**C. MR. JOHN G. BARTLETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 666 MIDDLE RT.  
 City GILMANTON State NH Zip Code 03237-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MAS-CON Occupation MILLWRIGHT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA11.16038057**  
 Amount of Each Receipt this Period 75.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 130.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 35 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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 (Last, First, Middle Initial)  
**A. MRS. DOROTHY M. BASTON**  
 Mailing Address 617 MOELLER AVE  
 City State Zip Code  
 CINCINNATI OH 45217-1121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034112**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. TIMOTHY BATES**  
 Mailing Address 22054 WILLISVILLE RD  
 City State Zip Code  
 UPPERVILLE VA 20184-3122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ARCIADIA COMMUNITIES PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 530.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026637**  
 Amount of Each Receipt this Period  
 95.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. TIMOTHY BATES**  
 Mailing Address 22054 WILLISVILLE RD  
 City State Zip Code  
 UPPERVILLE VA 20184-3122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ARCIADIA COMMUNITIES PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 530.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16030230**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 245.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 36 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. MS. JO ANN BAUGHMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1269  
 City PHILOMATH State OR Zip Code 97370-1269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035495**  
 Amount of Each Receipt this Period 43.00  
 CONTRIBUTION

**B. MR. THOMAS E. BAYLIFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 728 E 4TH ST  
 City SPENCERVILLE State OH Zip Code 45887-1283  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation FUNERAL DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16030403**  
 Amount of Each Receipt this Period 40.00  
 CONTRIBUTION

**C. MARILYN BEACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20903 6TH AVENUE SOUTH  
 City DES MOINES State WA Zip Code 98198-3270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037760**  
 Amount of Each Receipt this Period 110.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 193.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 37 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. REX BEACH**

Mailing Address 521 NE 9TH ST.

City ANKENY State IA Zip Code 50021-1932

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation NONE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11.16025941**

Amount of Each Receipt this Period  
 30.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ROBERT BEATTY**

Mailing Address 580 S PEAR ORCHARD RD APT 111

City RIDGELAND State MS Zip Code 39157-4209

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036922**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ERWIN W. BECK**

Mailing Address 644 ADDISON DR NE  
APARTMENT 32

City SAINT PETERSBURG State FL Zip Code 33716-3438

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027794**

Amount of Each Receipt this Period  
 30.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 38 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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**

**A. MR. STEPHEN M. BECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1251 PINEVIEW TRAIL  
 APT B  
 City NEWARK State OH Zip Code 43055-8084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026823**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

**B. MR. STEPHEN M. BECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1251 PINEVIEW TRAIL  
 APT B  
 City NEWARK State OH Zip Code 43055-8084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040717**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. CLAIRE BEERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5100 JOHN D RYAN #522  
 City SAN ANTONIO State TX Zip Code 78245-3547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1185.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : SA11.16024971**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 39 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. CLAIRE BEERS**  
 Mailing Address 5100 JOHN D RYAN #522  
 City State Zip Code  
 SAN ANTONIO TX 78245-3547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1185.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033990**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CLAIRE BEERS**  
 Mailing Address 5100 JOHN D RYAN #522  
 City State Zip Code  
 SAN ANTONIO TX 78245-3547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1185.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034579**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. CLAIRE BEERS**  
 Mailing Address 5100 JOHN D RYAN #522  
 City State Zip Code  
 SAN ANTONIO TX 78245-3547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1185.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037442**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 40 OF 824  
(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 (Last, First, Middle Initial)  
**A. CLAIRE BEERS**

Mailing Address 5100 JOHN D RYAN #522

City SAN ANTONIO	State TX	Zip Code 78245-3547
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1185.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

**Transaction ID : SA11.16037690**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CLAIRE BEERS**

Mailing Address 5100 JOHN D RYAN #522

City SAN ANTONIO	State TX	Zip Code 78245-3547
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1185.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : SA11.16038525**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. CLAIRE BEERS**

Mailing Address 5100 JOHN D RYAN #522

City SAN ANTONIO	State TX	Zip Code 78245-3547
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1185.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : SA11.16038831**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 41 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. LOUIS BEGIN**  
 Mailing Address 1274 MASONIC CT  
 City ALMA State MI Zip Code 48801-1169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027750**  
 Amount of Each Receipt this Period 75.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. LOUIS BEGIN**  
 Mailing Address 1274 MASONIC CT  
 City ALMA State MI Zip Code 48801-1169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032879**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. CONSTANCE BELL**  
 Mailing Address 166 S. BEACH ROAD  
 City HOBE SOUND State FL Zip Code 33455-2507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11.16025937**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 42 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. CONSTANCE BELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 166 S. BEACH ROAD  
City HOBE SOUND State FL Zip Code 33455-2507  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 17 / 2015  
**Transaction ID : SA11.16032233**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. MR. WILLIAM BELLOT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9625 S MAIN ST  
City CHATHAM State IL Zip Code 62629-8669  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE OF ILLINOIS Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 720.00

Date of Receipt 10 / 16 / 2015  
**Transaction ID : SA11.16032124**  
Amount of Each Receipt this Period 20.00  
CONTRIBUTION

**C. MR. WILLIAM BELLOT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9625 S MAIN ST  
City CHATHAM State IL Zip Code 62629-8669  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE OF ILLINOIS Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 720.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16032614**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 43 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. WILLIAM BELLOT**

Mailing Address 9625 S MAIN ST

City State Zip Code  
CHATHAM IL 62629-8669

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
STATE OF ILLINOIS RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033767**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WILLIAM BELLOT**

Mailing Address 9625 S MAIN ST

City State Zip Code  
CHATHAM IL 62629-8669

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
STATE OF ILLINOIS RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033777**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. WILLIAM BELLOT**

Mailing Address 9625 S MAIN ST

City State Zip Code  
CHATHAM IL 62629-8669

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
STATE OF ILLINOIS RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037482**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

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

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

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

FOR LINE NUMBER: PAGE 44 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. WILLIAM BELLOT**

Mailing Address 9625 S MAIN ST

City State Zip Code  
CHATHAM IL 62629-8669

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
STATE OF ILLINOIS RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16045319**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. EILEEN BENDTSEN**

Mailing Address 9108 MORGAN AVE S

City State Zip Code  
BLOOMINGTON MN 55431-2220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2015  
**Transaction ID : SA11.16028187**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. CATHERINE BENFIELD**

Mailing Address 849 ISLAND POINT LANE

City State Zip Code  
CHAPIN SC 29036-7602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED PSYCHOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
685.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035525**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00

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

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

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

FOR LINE NUMBER: PAGE 45 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. CATHERINE BENFIELD**  
 Mailing Address 849 ISLAND POINT LANE  
 City State Zip Code  
 CHAPIN SC 29036-7602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED PSYCHOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 685.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2015  
**Transaction ID : SA11.16035631**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. EMANUEL V. BENJAMIN III**  
 Mailing Address 2305 COLISEUM ST  
 City State Zip Code  
 NEW ORLEANS LA 70130-5768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030827**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. CECILE BENNETT**  
 Mailing Address 5303 BAINBRIDGE RD.  
 City State Zip Code  
 TOLEDO OH 43623-2705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033095**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 46 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

**A. MS. JOAN BENNETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 SILOPANNA RD  
 City ANNAPOLIS State MD Zip Code 21403-1108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16029643**  
 Amount of Each Receipt this Period 110.00  
 CONTRIBUTION

**B. LEE A. BENNETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2237 SENSENEY LN.  
 City FALLS CHURCH State VA Zip Code 22043-3117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037657**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MR. DALE E. BENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6416 SW LOOP DR.  
 City PORTLAND State OR Zip Code 97221-3385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16034860**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 260.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 47 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. HENRY BERCU TT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 266 SUGARBERRY CIRCLE  
 City HOUSTON State TX Zip Code 77024-7211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1110.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16027020**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MR. HENRY BERCU TT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 266 SUGARBERRY CIRCLE  
 City HOUSTON State TX Zip Code 77024-7211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1110.00

Date of Receipt 10 / 08 / 2015  
**Transaction ID : SA11.16028832**  
 Amount of Each Receipt this Period 20.00  
 CONTRIBUTION

**C. MS. BEVERLY J. BERGMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 689  
 City WHITE State SD Zip Code 57276-0689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16040049**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. YVONNE R. BERRY**

Mailing Address 1019 VAN SICLEN AVE.  
APT. 5J

City State Zip Code  
BROOKLYN NY 11207-9035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
962.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2015  
**Transaction ID : SA11.16029479**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. MARY JANE BEUS**

Mailing Address 125 BROKEN ARROW WAY S.

City State Zip Code  
SEDONA AZ 86351-8999

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2015  
**Transaction ID : SA11.16036786**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. FRED B. BIALEK**

Mailing Address 200 WINDING WAY

City State Zip Code  
WOODSIDE CA 94062-2539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2015  
**Transaction ID : SA11.16028461**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. JANE L. BICKNELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 KENDAL DR. APT. 127  
 City LEXINGTON State VA Zip Code 24450-1790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16037184**  
 Amount of Each Receipt this Period 45.00  
 CONTRIBUTION

**B. LA FAWN BIDDLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 101780  
 City DENVER State CO Zip Code 80250-1780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036616**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MRS. DALE BIGGERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 DORRINGTON BLVD.  
 City METAIRIE State LA Zip Code 70005-3814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF( )  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16027350**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 595.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DENNIS BINKLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1546 NW WOODBINE WAY  
City SEATTLE State WA Zip Code 98177-5339  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GEOSPACE INTERNATIONAL Occupation BUSINESSMAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 24 / 2015  
**Transaction ID : SA11.16035556**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**B. MR. DENNIS BINKLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1546 NW WOODBINE WAY  
City SEATTLE State WA Zip Code 98177-5339  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GEOSPACE INTERNATIONAL Occupation BUSINESSMAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 24 / 2015  
**Transaction ID : SA11.16035558**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**C. MR. RUDOLPH B. BITTNER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2313 BAYWATER ROAD  
City TAVARES State FL Zip Code 32778-5613  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 21 / 2015  
**Transaction ID : SA11.16034844**  
Amount of Each Receipt this Period 75.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 51 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. SAMUEL BLACKMORE**  
 Mailing Address 1221 PRINCETON LN  
 City State Zip Code  
 WEST CHESTER PA 19380-5743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11.16026315**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MARTIN BLANCO**  
 Mailing Address 16935 BROKEN PINE RD  
 City State Zip Code  
 SONORA CA 95370-9591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16034868**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MARTIN BLANCO**  
 Mailing Address 16935 BROKEN PINE RD  
 City State Zip Code  
 SONORA CA 95370-9591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16041255**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 52 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. BARRY BLANKENSHIP**

Mailing Address 12908 OLD STAGE ROAD

City State Zip Code  
CHESTER VA 23836-2542

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EMH SALES MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 /  /   
 10 / 22 / 2015  
**Transaction ID : SA11.16034872**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DAVID BLANKENSHIP**

Mailing Address 3726 W. MILL CREEK DRIVE

City State Zip Code  
VISALIA CA 93291-5613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 /  /   
 10 / 09 / 2015  
**Transaction ID : SA11.16029769**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MARTHA BLAZER**

Mailing Address 2580 HAMBURG RD SW

City State Zip Code  
LANCASTER OH 43130-8931

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 /  /   
 10 / 19 / 2015  
**Transaction ID : SA11.16032952**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶  175.00

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

**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)	PAGE 53 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ERNEST R. BLEVINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 134 SUZANNE LANE

City LURAY State VA Zip Code 22835-6029

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 496.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027927**

Amount of Each Receipt this Period  
 40.00

CONTRIBUTION

**B. JOHN BLOUNT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1099 NEW YORK AVE NW STE 530

City WASHINGTON State DC Zip Code 20001-4844

FEC ID number of contributing federal political committee. **C**

Name of Employer TAUZIN CONSULTANTS Occupation PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036177**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**C. TRICIA BOBIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 216 EUGENIA DR.

City VENTURA State CA Zip Code 93003-1505

FEC ID number of contributing federal political committee. **C**

Name of Employer KAISER PERMANENTE Occupation SALES EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16034882**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.00

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

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

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

FOR LINE NUMBER: PAGE 54 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. PHYLLIS K. BOEHME**  
 Mailing Address P.O. BOX 267  
 City LISLE State NY Zip Code 13797-0267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16027247**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MILLARD T. BOLDMAN**  
 Mailing Address 24884 JIM BRIDGER RD  
 City HIDDEN HILLS State CA Zip Code 91302-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035424**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. MARY L. BOLLMAN**  
 Mailing Address 9303 N MAPLE AVE APT 144  
 City FRESNO State CA Zip Code 93720-5023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 402.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034315**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 370.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 55 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. BRUCE BONA**  
Full Name (Last, First, Middle Initial)

Mailing Address 592 RHOADES TO BAILEY RD

City SOUTHFIELD State MA Zip Code 01259-9607

FEC ID number of contributing federal political committee. **C**

Name of Employer EAGLETON SCHOOL Occupation CEO RESIDENTIAL TRTMT CTR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026041**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

**B. MR. JOHN R. BONNETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1828 BRIDGEVIEW BLVD APT 210

City TWIN FALLS State ID Zip Code 83301-3058

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **785.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027799**

Amount of Each Receipt this Period  
**60.00**

CONTRIBUTION

**C. CONNIE M. BORDEBN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 17726

City AUSTIN State TX Zip Code 78760-7726

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040685**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>560.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 56 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ROBERT L. BORDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2375 RANGE AVE APT 177  
City SANTA ROSA State CA Zip Code 95403-9438  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035901**  
Amount of Each Receipt this Period 75.00  
CONTRIBUTION

**B. MR. SHERWIN BORSUK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 80 PARKER AVENUE  
City MERIDEN State CT Zip Code 06450-5924  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MISSTATE RADIOLOGYASSOCIATES LLC Occupation RADIOLOGIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038384**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**C. MR. HOWARD BOSCH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2395 REDWOOD AVE.-SPACE 78  
City GRANTS PASS State OR Zip Code 97527-6258  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036223**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶



**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)	PAGE 57 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. FREDERICK R. BOTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5236 PITT STREET  
City NEW ORLEANS State LA Zip Code 70115-4107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DEUTSCH, KERRIGAN & STILES Occupation ATTORNEY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031610**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**B. MR. BRUCE BOURBON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 710 INGLENOOK COURT  
City COPPELL State TX Zip Code 75019-6683  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036265**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. MR. BRUCE BOURBON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 710 INGLENOOK COURT  
City COPPELL State TX Zip Code 75019-6683  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038981**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. ANN H. BOWMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 89425 BARK POINT ROAD  
City HERBSTER State WI Zip Code 54844-4450  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038490**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**B. MR. DAVID B. BOWMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 41806  
City TUCSON State AZ Zip Code 85717-1806  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16029874**  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**C. MS. EVELYN G. BRACKETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6359 MARBLE HEAD DR.  
City FLOWERY BRANCH State GA Zip Code 30542-5344  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16039322**  
Amount of Each Receipt this Period 15.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1065.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 59 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. LINDI BRADDOCK**  
 Mailing Address 2402 SOUTH DAY ST  
 City State Zip Code  
 BRENHAM TX 77833-5519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED REALTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2015  
**Transaction ID : SA11.16032346**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. GWEN BRADEN**  
 Mailing Address 533 S VEACH AVENUE  
 City State Zip Code  
 MANTECA CA 95337-5443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 530.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034549**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. SHARON S. BRADLEY**  
 Mailing Address 3645 HENDERSON RANCH LN  
 City State Zip Code  
 BELLVILLE TX 77418-7553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035117**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 60 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. STEVEN BRAHNEY**  
 Mailing Address 4 MAPLE GLEN CT  
 City State Zip Code  
 WOOLWICH TWP NJ 08085-3331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BRAHNEY SELF EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045761**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DAVID M. BRAND**  
 Mailing Address 114 GREEN LN  
 City State Zip Code  
 HAVERFORD PA 19041-2026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TARSA THERAPEUTICS EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034836**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DAVID M. BRAND**  
 Mailing Address 114 GREEN LN  
 City State Zip Code  
 HAVERFORD PA 19041-2026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TARSA THERAPEUTICS EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040698**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 61 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ROBERT H. BRANDOW**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 BRANDOW LN  
City WEST BUXTON State ME Zip Code 04093-3852  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16037000**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. SHERRY BRANDON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 833 26 ROAD  
City GRAND JUNCTION State CO Zip Code 81506-8609  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16033822**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**C. TAMI BRANGHAM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 732 E. RIALTO  
City FRESNO State CA Zip Code 93704-3112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RIGHT AT HOME Occupation R.N.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA11.16028086**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. WADE M. BRANNAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6455 DIAMOND AVE  
 City PORT ARTHUR State TX Zip Code 77640-1212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA11.16027527**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**B. STEPHEN BRAUNHOLZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1300  
 City CASTLE ROCK State CO Zip Code 80104-1300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer XPEDITE Occupation GENERAL MANAGER - OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031039**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. STEPHEN BRAUNHOLZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1300  
 City CASTLE ROCK State CO Zip Code 80104-1300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer XPEDITE Occupation GENERAL MANAGER - OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031041**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 350.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 63 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. DR. NACHMAN BRAUTBAR</b>		Date of Receipt
Mailing Address 10808 ASHTON AVE		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
LOS ANGELES	CA	90024-5025
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.16035650</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NACHMAN BRAUTBAR M.D INC	MEDICAL DOCTOR	<input type="text" value="275.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MS. DONNA M. BRAZEL</b>		Date of Receipt
Mailing Address 4118 CIR. CT. SE		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
LACEY	WA	98503-2511
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.16027641</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
HOMEMAKER	HOMEMAKER	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="218.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MS. DONNA M. BRAZEL</b>		Date of Receipt
Mailing Address 4118 CIR. CT. SE		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
LACEY	WA	98503-2511
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.16036803</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
HOMEMAKER	HOMEMAKER	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="218.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="325.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

**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)	PAGE 64 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. DONNA M. BRAZEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 4118 CIR. CT. SE

City LACEY State WA Zip Code 98503-2511

FEC ID number of contributing federal political committee. **C**

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **218.00**

Date of Receipt: **10 / 30 / 2015**  
Transaction ID : **SA11.16041160**

Amount of Each Receipt this Period: **25.00**

CONTRIBUTION

**B. MR. WARD BREAUX**  
Full Name (Last, First, Middle Initial)

Mailing Address 2100 CATHERINE DR.

City SAINT MARTINVILLE State LA Zip Code 70582-4219

FEC ID number of contributing federal political committee. **C**

Name of Employer: **BREAUX BROTHERS ENT INC** Occupation: **OWNER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **10 / 30 / 2015**  
Transaction ID : **SA11.16045870**

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

**C. MR. JAMES BRECKENRIDGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2843 JANE ST.

City RIVERSIDE State CA Zip Code 92506-4302

FEC ID number of contributing federal political committee. **C**

Name of Employer: **RETIRED** Occupation: **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt: **10 / 26 / 2015**  
Transaction ID : **SA11.16035693**

Amount of Each Receipt this Period: **75.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **1100.00**

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



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

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

FOR LINE NUMBER: PAGE 65 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JAMES BRECKENRIDGE**  
 Mailing Address 2843 JANE ST.  
 City RIVERSIDE State CA Zip Code 92506-4302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040675**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. SUSAN BRIDGES**  
 Mailing Address P.O. BOX 3484  
 City SPARTANBURG State SC Zip Code 29304-3484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SECURITY FINANCE CORPORATION Occupation C.E.O.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16041557**  
 Amount of Each Receipt this Period 7500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. EDDIE L. BRIGGS**  
 Mailing Address 1439 LAURENTIDE ST  
 City HOUSTON State TX Zip Code 77029-3437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA11.16038122**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 66 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROGER BROOKS**

Mailing Address 755 N PALOMARES ST B207

City POMONA State CA Zip Code 91767-4752

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation GENERALIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034512**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. CAROLYN D. BROWN**

Mailing Address 113 BRIDGESTONE DRIVE

City HUNTSVILLE State AL Zip Code 35811-9520

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038568**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HENRY S. BROWN**

Mailing Address 15956 US 221 N

City MARION State NC Zip Code 28752-7542

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031744**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 310.00

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

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

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

FOR LINE NUMBER: PAGE 67 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HENRY S. BROWN**  
 Mailing Address 15956 US 221 N  
 City State Zip Code  
 MARION NC 28752-7542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16037325**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. LINDA BROWN**  
 Mailing Address 3285 SCOTTISH TRCE  
 City State Zip Code  
 LEXINGTON KY 40509-8545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11.16031979**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. STEPHEN BROWN**  
 Mailing Address 2 NORTHWIND COURT  
 City State Zip Code  
 NEWPORT BEACH CA 92663-2104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED FINANCIAL SERVICES  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2015  
**Transaction ID : SA11.16031935**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 68 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. STEPHEN BROWN**  
 Mailing Address 2 NORTHWIND COURT  
 City State Zip Code  
 NEWPORT BEACH CA 92663-2104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED FINANCIAL SERVICES  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16041169**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT TATE BRUCE**  
 Mailing Address 960 W BUTTERMILK RD  
 City State Zip Code  
 ASPEN CO 81611-2727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027003**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JAMES D. BRUMAGIN**  
 Mailing Address P.O. BOX 2204  
 City State Zip Code  
 DUBLIN VA 24084-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 347.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026813**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 69 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JAMES D. BRUMAGIN**

Mailing Address P.O. BOX 2204

City State Zip Code  
DUBLIN VA 24084-6204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
347.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031198**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JAMES D. BRUMAGIN**

Mailing Address P.O. BOX 2204

City State Zip Code  
DUBLIN VA 24084-6204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
347.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033233**

Amount of Each Receipt this Period  
15.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JAMES D. BRUMAGIN**

Mailing Address P.O. BOX 2204

City State Zip Code  
DUBLIN VA 24084-6204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
347.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040409**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00

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

**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)	PAGE 70 OF 824
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. BOB B. BRUNELLI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7903 GRAND CASCADE DR  
City LOUISVILLE State KY Zip Code 40228-4203  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GREEN WOODS HIGH SCHOOL Occupation TEACHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11A.658645348**  
Amount of Each Receipt this Period 1500.00  
CONTRIBUTION

**B. MR. JOHN J BRUNELLI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1906 S WALNUT LN  
City EVANSVILLE State IN Zip Code 47714-5475  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HJT ASSOCIATES Occupation ATTORNEY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 12 / 2015  
**Transaction ID : SA11A.658645344**  
Amount of Each Receipt this Period 365.00  
CONTRIBUTION

**C. MR. KEN A. BRUNELLI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 186 DENTON PHELPS RD  
City SOMERSET State KY Zip Code 42501-4450  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BIG TAXI COMPANY Occupation TAXI DRIVER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11A.658645350**  
Amount of Each Receipt this Period 300.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2165.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 71 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. BROOKS BRUNSON**  
 Mailing Address 138 QUINCY PLACE NE #4  
 City WASHINGTON State DC Zip Code 20002-2429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BROWNSTEIN HYATT FARBER SCHRECK Occupation GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 11 / 2015  
**Transaction ID : SA11.16029452**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WAYNE W. BRUNZ**  
 Mailing Address 815 VILLA PLZ  
 City PAPILLION State NE Zip Code 68046-3093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037627**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JAMES BUCKLEY**  
 Mailing Address 105 JANE STREET  
 City HARTSDALE State NY Zip Code 10530-1907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NATIONAL STOCK EXCHANGE, INC. Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038541**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 72 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. W. P. BUCKTHAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 S LINCOLN ST  
 APT 1102  
 City AMARILLO State TX Zip Code 79101-3638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation GEOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040571**  
 Amount of Each Receipt this Period 1500.00  
 CONTRIBUTION

**B. MR. GREGORY D. BUFFINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1787B GLENWOOD CIRCLE  
 City SUGAR GROVE State IL Zip Code 60554-2017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LAYNE CHRISTENSEN COMPANY Occupation SR. PROJECT MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030671**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MR. GREGORY D. BUFFINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1787B GLENWOOD CIRCLE  
 City SUGAR GROVE State IL Zip Code 60554-2017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LAYNE CHRISTENSEN COMPANY Occupation SR. PROJECT MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038979**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1600.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 73 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT H. BUKER**  
 Mailing Address 11706 OAKMONT CT.  
 City State Zip Code  
 FORT MYERS FL 33908-2825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040761**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ARDEN BULL**  
 Mailing Address 101 WHITE CHURCH ROAD  
 City State Zip Code  
 TROY NY 12180-9011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045763**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. KENNETH BULL**  
 Mailing Address 151 PRIVATE ROAD 827  
 City State Zip Code  
 ROCHELLE TX 76872-3015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045771**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 74 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. MARCIA A. BURHENN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1145 E COMSTOCK AVE  
 City State Zip Code  
 GLENDORA CA 91741-2911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 627.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16031003**  
 Amount of Each Receipt this Period  
 170.00  
 CONTRIBUTION

**B. MS. MARCIA A. BURHENN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1145 E COMSTOCK AVE  
 City State Zip Code  
 GLENDORA CA 91741-2911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 627.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11.16032576**  
 Amount of Each Receipt this Period  
 170.00  
 CONTRIBUTION

**C. MS. MARCIA A. BURHENN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1145 E COMSTOCK AVE  
 City State Zip Code  
 GLENDORA CA 91741-2911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 627.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16036007**  
 Amount of Each Receipt this Period  
 137.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 477.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. DAVID T. BURLESON</b>		Date of Receipt 10 / 05 / 2015 <b>Transaction ID : SA11.16026577</b>
Mailing Address 9002 RANCICH		Amount of Each Receipt this Period 100.00
City EL PASO	State TX	Zip Code 79904-1029
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B. MRS. LEIGH HIGNITE BURNETT</b>		Date of Receipt 10 / 05 / 2015 <b>Transaction ID : SA11.16027052</b>
Mailing Address 302 EMINENCE PIKE		Amount of Each Receipt this Period 25.00
City SHELBYVILLE	State KY	Zip Code 40065-9607
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. MR. ROBERT BURNETT</b>		Date of Receipt 10 / 30 / 2015 <b>Transaction ID : SA11.16040774</b>
Mailing Address 743 STONEYKIRK DR.		Amount of Each Receipt this Period 35.00
City FAYETTEVILLE	State NC	Zip Code 28314-0732
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 76 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. ROBERTA K. BURNETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2803 STANBRIDGE ST 715 B  
City NORRISTOWN State PA Zip Code 19401-1658  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 21 / 2015  
**Transaction ID : SA11.16034774**  
Amount of Each Receipt this Period 300.00  
CONTRIBUTION

**B. MR. TED BURT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8S041 CREEK DR.  
City NAPERVILLE State IL Zip Code 60540-9326  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 15 / 2015  
**Transaction ID : SA11.16032040**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. MS. ELIZABETH BURTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3010 GRAND VIEW DRIVE  
City GREELEY State CO Zip Code 80631-9485  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PBI Occupation PRES & CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038788**  
Amount of Each Receipt this Period 20.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 420.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 77 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. CAROLYN R. BURWELL**

Mailing Address 2410 SOUTH ELEVENTH STREET

City State Zip Code  
IRONTON OH 45638-2667

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 11 / 2015  
**Transaction ID : SA11.16029423**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. CAROLYN R. BURWELL**

Mailing Address 2410 SOUTH ELEVENTH STREET

City State Zip Code  
IRONTON OH 45638-2667

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 11 / 2015  
**Transaction ID : SA11.16029424**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. CAROLYN R. BURWELL**

Mailing Address 2410 SOUTH ELEVENTH STREET

City State Zip Code  
IRONTON OH 45638-2667

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 11 / 2015  
**Transaction ID : SA11.16029425**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

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

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

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

FOR LINE NUMBER: PAGE 78 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. BETH BUTLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9827 FM 2759 RD  
 City RICHMOND State TX Zip Code 77469-9376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 15 / 2015  
**Transaction ID : SA11.16031122**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION

**B. JEAN B. BUTTNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 LYONS PLAINS RD  
 City WESTPORT State CT Zip Code 06880-1305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ARNOLD BENHARDT & COMPANY Occupation PUBLISHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16041101**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MRS. NANCY BUTTRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 449 CR 560  
 City POPLAR BLUFF State MO Zip Code 63901-6778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation AVON REP.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.49

Date of Receipt 10 / 21 / 2015  
**Transaction ID : SA11.16034467**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 675.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 79 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DAVID CABELL**  
 Mailing Address 104 TIMBER MEADOW DR.  
 City State Zip Code  
 PORT LUDLOW WA 98365-8233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2015  
**Transaction ID : SA11.16032318**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. THURLOW H. CAFFEY**  
 Mailing Address 4801 GLENWOOD HILLS DR. NE  
 City State Zip Code  
 ALBUQUERQUE NM 87111-3066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040995**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MISS MARILYN L. CAIN**  
 Mailing Address 4044 VIA INGRESO  
 City State Zip Code  
 CYPRESS CA 90630-3434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 565.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037767**  
 Amount of Each Receipt this Period  
 15.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 80 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. TERRY E. CALDWELL**  
 Mailing Address 13993 BURNING TREE DR.  
 City State Zip Code  
 VICTORVILLE CA 92395-4353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033728**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. CALLIWAY MACON CALLICOTT**  
 Mailing Address 1644 ROSEMONT DR.  
 City State Zip Code  
 BATON ROUGE LA 70808-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED REAL ESTATE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039082**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JOHN WILLIAM CALLISTER**  
 Mailing Address 1176 COLUMBINE CIR  
 City State Zip Code  
 SAINT GEORGE UT 84790-7510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16038240**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 81 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. PHILLIP E. CALLIF**

Mailing Address 9707 MIDDLETON RIDGE RD.

City State Zip Code  
VIENNA VA 22182-1493

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16030221**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. HERBERT L. CAMP**

Mailing Address 16 SNOWFIELD CT

City State Zip Code  
MIDLAND MI 48640-2620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040695**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. JOHN C. CAMPBELL**

Mailing Address P.O. BOX 1515

City State Zip Code  
QUOGUE NY 11959-1515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
318.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032936**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

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

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

FOR LINE NUMBER: PAGE 82 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JOHN E. CANTLON**

Mailing Address 1795 BRAMBLE DR.

City State Zip Code  
EAST LANSING MI 48823-1729

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036830**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. JACQUELINE JEAN CAPEL**

Mailing Address 7040 YOUNGSTOWN AVE.

City State Zip Code  
HUDSONVILLE MI 49426-9374

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED R.E. RENTAL MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2015  
**Transaction ID : SA11.16035580**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. JACQUELINE JEAN CAPEL**

Mailing Address 7040 YOUNGSTOWN AVE.

City State Zip Code  
HUDSONVILLE MI 49426-9374

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED R.E. RENTAL MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038974**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

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

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

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

FOR LINE NUMBER: PAGE 83 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ELVIN L. CARLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 458 MYSEN DRIVE  
 City State Zip Code  
 CORDOVA TN 38018-7344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11.16026333**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**B. MR. LEROY T. CARLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1260 N. ASTOR ST.  
 City State Zip Code  
 CHICAGO IL 60610-2308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TELEPHONE & DATA SYSTEMNS PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16038095**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**C. MRS. RAMONA J. CARLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2685 TROJAN DR. APT A2  
 City State Zip Code  
 GREEN BAY WI 54304-1280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031711**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10060.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 84 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. RAMONA J. CARLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2685 TROJAN DR. APT A2  
 City GREEN BAY State WI Zip Code 54304-1280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16032864**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MRS. RAMONA J. CARLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2685 TROJAN DR. APT A2  
 City GREEN BAY State WI Zip Code 54304-1280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035913**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MR. JACK C. CARMICHAEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8101 QUEBEC DR  
 City SAN ANTONIO State TX Zip Code 78239-3010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 01 / 2015  
**Transaction ID : SA11.16024913**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. CHARLOTTE CARNES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 ROCKLAND AVE  
 City CLARENCE State NY Zip Code 14031-2022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 12 / 2015  
**Transaction ID : SA11.16029502**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MARY ANN CARRICO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3272 WESTHEIMER RD STE 1  
 City HOUSTON State TX Zip Code 77098-1008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036480**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MR. MICHAEL A. CARSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 58  
 City ELLIOTT State IA Zip Code 51532-0058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036837**  
 Amount of Each Receipt this Period 30.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 580.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JAY CARTER**

Mailing Address 1404 CHAPARRAL  
CARTER AVIATION TECHNOLOGIES

City State Zip Code  
BURKBURNETT TX 76354-2804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CARTER AVIATION CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : SA11.16039640**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. SANDRA K. CASEMENT**

Mailing Address 28356 ALAVA

City State Zip Code  
MISSION VIEJO CA 92692-1634

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : SA11.16041267**

Amount of Each Receipt this Period  
30.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. GEORGE E. CASPERSON**

Mailing Address 3406 SAHALEE DR. WEST

City State Zip Code  
SAMMAMISH WA 98074-6315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2015  
**Transaction ID : SA11.16025965**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00

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

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

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

FOR LINE NUMBER: PAGE 87 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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 (Last, First, Middle Initial)  
**A. JOHN CASSIDY JR.**  
 Mailing Address P.O. BOX 200  
 City State Zip Code  
 STROUD OK 74079-0200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED SELF-EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026920**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HENRY S. CATANACH**  
 Mailing Address 6417 LESLIE ST  
 City State Zip Code  
 METAIRIE LA 70003-3234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STENLEY ELECTRONICS CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11A.658645351**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JIM J. CATANACH**  
 Mailing Address 7515 LACOMBE ST  
 City State Zip Code  
 NEW ORLEANS LA 70127-1884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JKJ ELECTRONICS CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11A.658645352**  
 Amount of Each Receipt this Period  
 400.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 88 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MARIE E. CAUDELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1012 ASPEN LN.  
 City COLUMBUS State IN Zip Code 47203-1035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040382**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION

**B. MR. CHARLES C. CAUDILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4904 KILTY CT E  
 City BRADENTON State FL Zip Code 34203-4026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036461**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. ALVIN B. CAUSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1509 S POINTE DR.  
 City LEESBURG State FL Zip Code 34748-6947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2015  
**Transaction ID : SA11.16034748**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 89 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MICHAEL W. CAVAGE**

Mailing Address 29 GALLIK ROAD

City State Zip Code  
WAYMART PA 18472-3061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PIONEER CONSTRUCTION CONSTRUCTION MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030674**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. PAUL CENTENARI**

Mailing Address 8140 TELEGRAPH RD

City State Zip Code  
SEVERN MD 21144-3204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ATLAS CONTAINER CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036207**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOSEPH S. CEO**

Mailing Address 982 CELIA LN

City State Zip Code  
LEXINGTON KY 40504-2255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028324**

Amount of Each Receipt this Period  
30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1130.00

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

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

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

FOR LINE NUMBER: PAGE 90 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOSEPH S. CEO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 982 CELIA LN  
 City LEXINGTON State KY Zip Code 40504-2255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032815**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**B. MS. FRANCES M. CERCHIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 68 LENAPE TRL  
 City TINTON FALLS State NJ Zip Code 07724-3174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036678**  
 Amount of Each Receipt this Period  
 55.00  
 CONTRIBUTION

**C. MR. BRUCE A. CHAMBERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10040 SCHUSS DR.  
 City ANCHORAGE State AK Zip Code 99507-5936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033808**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 91 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ALEXANDER CHANG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4302 SHENANDOAH DRIVE  
 City LOUISVILLE State KY Zip Code 40241-1847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030924**  
 Amount of Each Receipt this Period 20.00  
 CONTRIBUTION

**B. MS. DICEY S. CHILDERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8517 JOY RD  
 City BLOUNTSVILLE State AL Zip Code 35031-4489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE ALABASTER BOX Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 785.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037886**  
 Amount of Each Receipt this Period 75.00  
 CONTRIBUTION

**C. DOROTHY CHRISTOPHERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2808 S. STONE PLACE  
 City SIOUX FALLS State SD Zip Code 57105-4345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA11.16028297**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 92 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. R. LINDY CHRISINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 12  
 City WINFIELD State IA Zip Code 52659-0012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA11.16028581**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MR. R. LINDY CHRISINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 12  
 City WINFIELD State IA Zip Code 52659-0012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16037315**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MR. WILLIAM CHRISTOPHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 327 WEST ROAD  
 City NEW CANAAN State CT Zip Code 06840-3019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 12 / 2015  
**Transaction ID : SA11.16029537**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 93 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. WILLIAM CHRISTOPHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 327 WEST ROAD  
 City NEW CANAAN State CT Zip Code 06840-3019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2015  
**Transaction ID : SA11.16029538**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. MR. WILLIAM CHRISTOPHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 327 WEST ROAD  
 City NEW CANAAN State CT Zip Code 06840-3019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2015  
**Transaction ID : SA11.16029539**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. DR. WILLIS CHUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2450 E 5TH AVE UNIT B  
 City DENVER State CO Zip Code 80206-4245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COMANCHE COUNTY MEMORIAL HOSPITAL Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036819**  
 Amount of Each Receipt this Period  
 315.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 365.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 94 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. BRENT M. CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 512 HERON CT  
 City State Zip Code  
 GLEN MILLS PA 19342-3369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027250**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

**B. MR. BRENT M. CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 512 HERON CT  
 City State Zip Code  
 GLEN MILLS PA 19342-3369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2015  
**Transaction ID : SA11.16029065**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

**C. MR. BRENT M. CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 512 HERON CT  
 City State Zip Code  
 GLEN MILLS PA 19342-3369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11.16032473**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 95 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. BRENT M. CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 512 HERON CT  
 City State Zip Code  
 GLEN MILLS PA 19342-3369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040554**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

**B. MR. DONALD CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5663 E RIDGE RD  
 City State Zip Code  
 ELSIE MI 48831-9736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033170**  
 Amount of Each Receipt this Period  
 40.00  
 CONTRIBUTION

**C. MR. HOWARD O. CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 73  
 City State Zip Code  
 HETTICK IL 62649-0073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032820**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. HOWARD O. CLARK**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 73  
City HETTICK State IL Zip Code 62649-0073  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 305.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037822**  
Amount of Each Receipt this Period 300.00  
CONTRIBUTION

**B. MR. WILLIAM T. CLARKE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5133 NEWLANDS ROAD  
City COLUMBIA State NC Zip Code 27925-8547  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 221.00

Date of Receipt 10 / 11 / 2015  
**Transaction ID : SA11.16029438**  
Amount of Each Receipt this Period 12.00  
CONTRIBUTION

**C. MR. DAN C. CLIFFORD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7785 WOODVIEW ROAD  
City CLARKSTON State MI Zip Code 48348-4052  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16029985**  
Amount of Each Receipt this Period 110.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 152.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 97 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DAN C. CLIFFORD**

Mailing Address 7785 WOODVIEW ROAD

City State Zip Code  
CLARKSTON MI 48348-4052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035938**

Amount of Each Receipt this Period  
120.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. OMER CLOUTIER**

Mailing Address 5010 SANTA BARBARA AVE

City State Zip Code  
TITUSVILLE FL 32780-7288

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028373**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. OMER CLOUTIER**

Mailing Address 5010 SANTA BARBARA AVE

City State Zip Code  
TITUSVILLE FL 32780-7288

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028525**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00

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

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

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

FOR LINE NUMBER: PAGE 98 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. OMER CLOUTIER**  
 Mailing Address 5010 SANTA BARBARA AVE  
 City State Zip Code  
 TITUSVILLE FL 32780-7288  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036384**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CAROL CLUVERIUS**  
 Mailing Address 895 PICNIC WAY  
 City State Zip Code  
 MURPHY NC 28906-7082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 305.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035401**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. CDR ANDREW S. CLYDE**  
 Mailing Address 4800 ATLANTA HWY  
 City State Zip Code  
 BOGART GA 30606-0713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CLYDE ARMORY OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038092**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 5060.00  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 99 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. JEANETTE CLYDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10361 N SANDALWOOD DR.  
 City State Zip Code  
 PLEASANT GROVE UT 84062-8845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037614**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**B. MR. RON COBB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4360 46TH AVENUE SOUTH  
 City State Zip Code  
 ST PETERSBURG FL 33711-4450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11.16025000**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**C. MR. RON COBB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4360 46TH AVENUE SOUTH  
 City State Zip Code  
 ST PETERSBURG FL 33711-4450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045765**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 360.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 100 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. EDWARD CODY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 807 HAVENWOOD CT  
City SAINT LOUIS State MO Zip Code 63122-1637  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **270.00**

Date of Receipt **10 / 19 / 2015**  
**Transaction ID : SA11.16032916**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION

**B. MR. DAVID L. COHEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7309 HURON LANE  
City PHILADELPHIA State PA Zip Code 19119-2817  
FEC ID number of contributing federal political committee. **C**  
Name of Employer COMCAST Occupation EXECUTIVE VICE PRESIDENT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **53400.00**

Date of Receipt **10 / 20 / 2015**  
**Transaction ID : SA11.16034589**  
Amount of Each Receipt this Period **20000.00**  
CONTRIBUTION  
REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**C. MR. RONALD B. COHEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 68 RAINTREE DR.  
City ERIAL State NJ Zip Code 08081-4922  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation SELF EMPLOYED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 22 / 2015**  
**Transaction ID : SA11.16045821**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **20150.00**  
**TOTAL** This Period (last page this line number only).....

**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)	PAGE 101 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JAMES C. COLE SR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 14905 CORDELL AVE

City WOODBRIDGE State VA Zip Code 22193-1911

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16041320**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

**B. MR. LARRY COLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1607 LYNNWOOD DR. NE

City DALTON State GA Zip Code 30721-8858

FEC ID number of contributing federal political committee. **C**

Name of Employer COLES EQUIPMENT COMPANY Occupation SELF-EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032448**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**C. MR. HOWARD COLLIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 581 JOLLY ROGERS RD

City ABILENE State TX Zip Code 79601-2709

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028039**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00

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

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. M. DEE COLLYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1015 MONROE ST  
 City WENATCHEE State WA Zip Code 98801-3413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11.16032567**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**B. MR. ROGER P. CONANT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 FISHING EAGLE CT  
 City FERNANDINA BEACH State FL Zip Code 32034-4948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034615**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. JOHN M. CONKLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1450 AALA ST. #2004  
 City HONOLULU State HI Zip Code 96817-3606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034540**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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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 (Last, First, Middle Initial)  
**A. JOHN M. CONKLIN**

Mailing Address 1450 AALA ST. #2004

City State Zip Code  
HONOLULU HI 96817-3606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 25 / 2015  
**Transaction ID : SA11.16035634**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JERRY CONWAY**

Mailing Address 2605 WESTLAKE DR.

City State Zip Code  
AUSTIN TX 78746-2924

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED RESTAURANT OWNER/INVESTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16045781**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOSEPH A. COOLIDGE**

Mailing Address P.O. BOX 203223

City State Zip Code  
ANCHORAGE AK 99520-3223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031342**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶  .  .  .  .  .  .  .  .  .  .  
 110.00

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

**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)	PAGE 104 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. CARL COOPER**

Mailing Address 210 EMMONS ST

City State Zip Code  
CHAPEL HILL TN 37034-3126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
10 / 19 / 2015  
**Transaction ID : SA11.16033652**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. CAROL L. COOPER**

Mailing Address 585 S VALLEY DRIVE

City State Zip Code  
LAS CRUCES NM 88005-2733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF ACCOUNTANT/RANCHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : SA11.16032170**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. WILLIAM COPPER**

Mailing Address 11976 BALDY MESA RD

City State Zip Code  
VICTORVILLE CA 92392-1304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
10 / 28 / 2015  
**Transaction ID : SA11.16038151**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 245.00

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



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

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

FOR LINE NUMBER: PAGE 105 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. VIRGINIA A. CORNELISON**

Mailing Address **2806 ANDILON WAY**

City State Zip Code  
**GAINESVILLE GA 30507-8356**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**470.00**

Date of Receipt  
**10 / 20 / 2015**

**Transaction ID : SA11.16034336**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JERRY CORNWELL**

Mailing Address **2713 OLD MALLARD RD**

City State Zip Code  
**ENID OK 73703-1557**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**10 / 27 / 2015**

**Transaction ID : SA11.16037381**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. PAUL M. CORRIGAN**

Mailing Address **26980 CRESTWOOD DR.**

City State Zip Code  
**FRANKLIN MI 48025-1378**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**CORRINGAN MOVING SYSTEMS EXECUTIVE**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**760.00**

Date of Receipt  
**10 / 19 / 2015**

**Transaction ID : SA11.16032433**

Amount of Each Receipt this Period  
**660.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **760.00**

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

**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)	PAGE 106 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. ANN M. COUGHLIN</b>		Date of Receipt 10 / 14 / 2015 <b>Transaction ID : SA11.16031699</b>
Mailing Address 39 GOLF COURSE RD		Amount of Each Receipt this Period 110.00
City DALLAS	State PA	Zip Code 18612-3301
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. ANN M. COUGHLIN</b>		Date of Receipt 10 / 30 / 2015 <b>Transaction ID : SA11.16041300</b>
Mailing Address 39 GOLF COURSE RD		Amount of Each Receipt this Period 50.00
City DALLAS	State PA	Zip Code 18612-3301
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. MR. PAUL R. COULSON</b>		Date of Receipt 10 / 26 / 2015 <b>Transaction ID : SA11.16037110</b>
Mailing Address 6048 E BRIARWOOD CIR		Amount of Each Receipt this Period 35.00
City ENGLEWOOD	State CO	Zip Code 80112-1024
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. PAUL R. COULSON**

Mailing Address 6048 E BRIARWOOD CIR

City State Zip Code  
ENGLEWOOD CO 80112-1024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
366.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16041167**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. CHARLES W. COWARD**

Mailing Address 135 KATHRYN PL

City State Zip Code  
BRANDON MS 39042-9777

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16029767**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ROBERT COWEN**

Mailing Address 2756 INIAND SPRINGS RD

City State Zip Code  
MARIANNA FL 32446-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033406**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 270.00

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

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

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

FOR LINE NUMBER: PAGE 108 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT COWEN**

Mailing Address 2756 INIAND SPRINGS RD

City State Zip Code  
MARIANNA FL 32446-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037547**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. NANCY E. COX**

Mailing Address 11900 BEAVERTON DR.

City State Zip Code  
BRIDGETON MO 63044-2844

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036693**

Amount of Each Receipt this Period  
30.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RICHARD H. COX**

Mailing Address 1951 KAKELA DR.

City State Zip Code  
HONOLULU HI 96822-2156

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034190**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 330.00

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

**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)	PAGE 109 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. FRANK J. COYNE JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 41 GORWIN DRIVE

City HANSON State MA Zip Code 02341-1309

FEC ID number of contributing federal political committee. **C**

Name of Employer SHAW'S SUPERMARKETS Occupation GROCERY CLERK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015

**Transaction ID : SA11.16030339**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**B. DALTON L. CRAIG**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 502

City COPPERAS COVE State TX Zip Code 76522-0502

FEC ID number of contributing federal political committee. **C**

Name of Employer CORYELL PLBG Occupation PLUMBER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : SA11.16030166**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**C. DALTON L. CRAIG**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 502

City COPPERAS COVE State TX Zip Code 76522-0502

FEC ID number of contributing federal political committee. **C**

Name of Employer CORYELL PLBG Occupation PLUMBER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : SA11.16037781**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

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

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

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

FOR LINE NUMBER: PAGE 110 OF 824  
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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 (Last, First, Middle Initial)  
**A. MR. LINCOLN W. CRAIGHEAD**  
 Mailing Address 175 BARLOW RD.  
 City State Zip Code  
 FAIRFIELD CT 06824-3864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11.16032526**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. BILLIE CRAMER**  
 Mailing Address 2106 W PRINCETON DR.  
 City State Zip Code  
 ENNIS TX 75119-2158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16030231**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ELSIE CRAMER**  
 Mailing Address 3473 BARKER RD.  
 City State Zip Code  
 LOOMIS CA 95650-9034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033729**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. ELSIE CRAMER**  
 Mailing Address 3473 BARKER RD.  
 City State Zip Code  
 LOOMIS CA 95650-9034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034699**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. KENNETH L. CRAVEN**  
 Mailing Address 800 S WATER ST  
 City State Zip Code  
 LIBERTY MO 64068-2644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027324**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JACK CRAWFORD**  
 Mailing Address P.O. BOX 1469  
 City State Zip Code  
 LINDEN TX 75563-1469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040552**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. BARBARA L. CRISLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5284 BARDWELL AVENUE  
 City RIVERSIDE State CA Zip Code 92506-1517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 24 / 2015  
**Transaction ID : SA11.16035546**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MR. JAMES CRONEY SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2034 E 15TH ST  
 City BROOKLYN State NY Zip Code 11229-3310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16032847**  
 Amount of Each Receipt this Period 60.00  
 CONTRIBUTION

**C. MR. PHILIP F. CROSLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 WALNUT LANE  
 City WILMINGTON State DE Zip Code 19809-1838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16036038**  
 Amount of Each Receipt this Period 1.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 86.00  
**TOTAL** This Period (last page this line number only).....▶



**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)	PAGE 113 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. COURTLAND CROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1069  
 City NEW LONDON State NH Zip Code 03257-1069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037599**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. MR. HERMAN E. CROTWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25471 REARWOOD CT  
 City DENHAM SPRINGS State LA Zip Code 70726-6249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16029642**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**C. COL DENNIS CROUCH USAF RET.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3069 RANCHFIELD DRIVE  
 City BEAVERCREEK State OH Zip Code 45432-2610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA11.16028493**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JUDITH H. CROW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3170 WOODLEIGH LN  
 City SHINGLE SPRINGS State CA Zip Code 95682-8127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031351**  
 Amount of Each Receipt this Period 45.00  
 CONTRIBUTION

**B. JUDITH H. CROW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3170 WOODLEIGH LN  
 City SHINGLE SPRINGS State CA Zip Code 95682-8127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035343**  
 Amount of Each Receipt this Period 45.00  
 CONTRIBUTION

**C. MS. SYLVIA CSORBA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 LEE LANE  
 City SUMMIT State NJ Zip Code 07901-4151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036258**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 115 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DOUGLAS CULVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4550 BREEZING LN  
 City OXFORD State NC Zip Code 27565-9430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16033383**  
 Amount of Each Receipt this Period 55.00  
 CONTRIBUTION

**B. BRYAN CUNNINGHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1304  
 City ALEXANDRIA State VA Zip Code 22313-1304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer POLARIS CONSULTING, LLC Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16039558**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MR. DAVID J. CURRAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1556 BRENTWOOD DR.  
 City TROY State MI Zip Code 48098-2713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034193**  
 Amount of Each Receipt this Period 20.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 116 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DAVID J. CURRAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1556 BRENTWOOD DR.  
 City TROY State MI Zip Code 48098-2713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036695**  
 Amount of Each Receipt this Period 20.00  
 CONTRIBUTION

**B. MR. KEVIN CURTIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 873 11TH ST.  
 City MANHATTAN BEACH State CA Zip Code 90266-4939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CURTIS CO. Occupation MANUFACTURING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2015  
**Transaction ID : SA11.16032297**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. ROBERT W. CURTIS SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 169 ARLINGTON DR.  
 City JOHNSON CITY State TN Zip Code 37601-5475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035035**  
 Amount of Each Receipt this Period 20.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 117 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. KENNETH CUSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 766 GREEN LN  
 City BEDFORD State PA Zip Code 15522-1918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 704.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16034581**  
 Amount of Each Receipt this Period 88.00  
 CONTRIBUTION

**B. MR. JAMES N. D'ORSO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 809 DRAGONFLY COURT  
 City ROSEVILLE State CA Zip Code 95747-8617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16027010**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MR. RALPH DACEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 EDGEWOOD RD  
 City SAINT LOUIS State MO Zip Code 63124-1817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WASHINGTON U. Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16045675**  
 Amount of Each Receipt this Period 20.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 158.00  
**TOTAL** This Period (last page this line number only)..... ►

**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)	PAGE 118 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MARIANNE DAHLBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 635 4TH ST E  
 City SONOMA State CA Zip Code 95476-7111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4025.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16029724**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**B. MARIANNE DAHLBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 635 4TH ST E  
 City SONOMA State CA Zip Code 95476-7111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4025.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16037153**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. STEPHEN L. DAILEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5590 E PEAKVIEW AVE # 4220  
 City CENTENNIAL State CO Zip Code 80121-3573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16034970**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1335.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 119 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. MILDRED Z. DAKOVICH**  
 Mailing Address 6217 HOOVER AVE  
 City State Zip Code  
 WHITTIER CA 90601-3256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036877**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. NANCY J. DALEY**  
 Mailing Address 530 RAVENS COURT RD  
 City State Zip Code  
 HILLSBOROUGH CA 94010-6838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030649**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. NANCY J. DALEY**  
 Mailing Address 530 RAVENS COURT RD  
 City State Zip Code  
 HILLSBOROUGH CA 94010-6838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16038183**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 120 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JAN DANIELS**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 HILLCREST MEADOWS

City State Zip Code  
ROLLING HILLS ESTATES CA 90274-4884

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KAISER PERMANENTE R.N. MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 21 / 2015  
**Transaction ID : SA11.16034505**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B. MR. JAMES D. DANNENBAUM**  
Full Name (Last, First, Middle Initial)

Mailing Address 3100 W. ALABAMA STREET

City State Zip Code  
HOUSTON TX 77098-2004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DANNENBAUM ENGINEERING CORP. CONSULTING ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
10 / 21 / 2015  
**Transaction ID : SA11.16033845**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C. MRS. SHIRLEY M. DANNENBAUM**  
Full Name (Last, First, Middle Initial)

Mailing Address 3100 W. ALABAMA ST.

City State Zip Code  
HOUSTON TX 77098-2004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
10 / 21 / 2015  
**Transaction ID : SA11.16033846**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10050.00

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



**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)	PAGE 121 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. LARRY DAU**  
Full Name (Last, First, Middle Initial)

Mailing Address 282 WHARF LANDING ST

City HENDERSON State NV Zip Code 89074-6087

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2015  
**Transaction ID : SA11.16029382**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B. MS. SAUNDRA DAVENPORT**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 791

City BRADY State TX Zip Code 76825-0791

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16030400**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C. DR. JAMES E. DAVIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 203 DOVERLAND RD

City RICHMOND State VA Zip Code 23229-7324

FEC ID number of contributing federal political committee. **C**

Name of Employer VCU Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028624**

Amount of Each Receipt this Period  
 150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

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

**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)	PAGE 122 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. ELIZABETH M. DAVIDSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 SADDLEBACK RD  
 City ROLLING HILLS State CA Zip Code 90274-5143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036501**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. J. WILLIAM DAVIDSMEYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 SAINT ANDREWS DR.  
 City JACKSONVILLE State IL Zip Code 62650-3384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1180.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030592**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. J. WILLIAM DAVIDSMEYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 SAINT ANDREWS DR.  
 City JACKSONVILLE State IL Zip Code 62650-3384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1180.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16037298**  
 Amount of Each Receipt this Period 30.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 380.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 123 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ROBERTO R. DAVILA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 405 TAILOR STREET  
City NEW MARKET State MD Zip Code 21774-6527  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036730**  
Amount of Each Receipt this Period 105.00  
CONTRIBUTION

**B. FRANCES DAVIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4700 MILTON PLACE  
City ALEXANDRIA State LA Zip Code 71303-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16033216**  
Amount of Each Receipt this Period 200.00  
CONTRIBUTION

**C. FRANCES DAVIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4700 MILTON PLACE  
City ALEXANDRIA State LA Zip Code 71303-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16037324**  
Amount of Each Receipt this Period 200.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 505.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 124 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. JONDAHL DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 651 WOODLAND DR

City SANDERSVILLE State GA Zip Code 31082-8436

FEC ID number of contributing federal political committee. **C**

Name of Employer IMERYS Occupation CHEMIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 10 / 01 / 2015  
**Transaction ID : SA11.16024842**

Amount of Each Receipt this Period 175.00

CONTRIBUTION

**B. MR. MONTE DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 10788 CIVIC CENTER DR.

City RANCHO CUCAMONGA State CA Zip Code 91730-7618

FEC ID number of contributing federal political committee. **C**

Name of Employer DAVIS AND ASSOCIATES Occupation LAWYER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040239**

Amount of Each Receipt this Period -2000.00

CONTRIBUTION

CHARGED BACK

**C. MR. ALBERT L. DAWSON**  
Full Name (Last, First, Middle Initial)

Mailing Address BELLASERA CIRCLE

City MYRTLE BEACH State SC Zip Code 29579-

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037483**

Amount of Each Receipt this Period 25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ -1800.00

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

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. BENJAMIN B. DAYTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 209 S. HILLDALE DRIVE  
 City EAST FLAT ROCK State NC Zip Code 28726-2609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16027026**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MRS. HELEN MARIE DE PAOLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 725 EVERGLADE DR.  
 City MELBOURNE State FL Zip Code 32935-6928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035253**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MR. WILLIAM E. DEAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13422 LAURINDA WAY  
 City NORTH TUSTIN State CA Zip Code 92705-1926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 11 / 2015  
**Transaction ID : SA11.16029444**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 126 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. WILLIAM E. DEAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13422 LAURINDA WAY  
City NORTH TUSTIN State CA Zip Code 92705-1926  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 17 / 2015  
**Transaction ID : SA11.16032228**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**B. MR. WILLIAM E. DEAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13422 LAURINDA WAY  
City NORTH TUSTIN State CA Zip Code 92705-1926  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035512**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**C. MR. WILLIAM E. DEAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13422 LAURINDA WAY  
City NORTH TUSTIN State CA Zip Code 92705-1926  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16039749**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 127 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. CHAD C. DEATON**

Mailing Address 5520 LYNBROOK DR.

City State Zip Code  
HOUSTON TX 77056-2009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16045862**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. HUGO L. DEATON**

Mailing Address 910 18TH AVENUE DR. NW

City State Zip Code  
HICKORY NC 28601-1262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035310**

Amount of Each Receipt this Period  
180.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DONALD G. DEBODE**

Mailing Address 2051 WEST BEACH RD.

City State Zip Code  
OAK HARBOR WA 98277-8872

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED INNKEEPER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026866**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 630.00

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

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

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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DONALD G. DEBODE**  
 Mailing Address 2051 WEST BEACH RD.  
 City State Zip Code  
 OAK HARBOR WA 98277-8872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED INNKEEPER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035788**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. LINDA J. DEBOEF**  
 Mailing Address 3715 HOLLISTER AVE  
 City State Zip Code  
 CARMICHAEL CA 95608-2833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045755**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. PETER DECHAT**  
 Mailing Address 5700 PLANTATION ESTATES WAY  
 City State Zip Code  
 WOODFORD VA 22580-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027382**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 129 OF 824  
(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. PAUL DECLEVA**  
 Mailing Address 5222 DELOACHE AVE  
 City State Zip Code  
 DALLAS TX 75220-2214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED SELF-EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031348**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. PAUL DECLEVA**  
 Mailing Address 5222 DELOACHE AVE  
 City State Zip Code  
 DALLAS TX 75220-2214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED SELF-EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040410**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. CHARLES R. DEER**  
 Mailing Address 322 FAIRBANKS ST  
 City State Zip Code  
 FAIRBANKS AK 99709-3447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2015  
**Transaction ID : SA11.16032363**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. CHARLES R. DEER**

Mailing Address 322 FAIRBANKS ST

City State Zip Code  
FAIRBANKS AK 99709-3447

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034508**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RICHARD DEMBINSKI**

Mailing Address 864 HOLLYWOOD AVE

City State Zip Code  
DES PLAINES IL 60016-3213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF PHOTOGRAPHER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 16 / 2015  
**Transaction ID : SA11.16032123**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. GORDON H. DEMPSEY**

Mailing Address 714 WINCHESTER DR.

City State Zip Code  
RICHARDSON TX 75080-5026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028143**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

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

**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)	PAGE 131 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ROBERT DEMPSEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1070 SOUTH LEOPARD RD  
City BERWYN State PA Zip Code 19312-2027  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CCT Occupation SALES  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038439**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**B. MR. DONALD A. DENECKE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 500 PAR WAY DR. APT 14G  
City EAST ORANGE State NJ Zip Code 07017-4031  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 290.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16029695**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**C. MR. MARCEL J. DEBERSIG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 246 RAG RUN RD.  
City ROANOKE State WV Zip Code 26447-8353  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034185**  
Amount of Each Receipt this Period 20.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 320.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 132 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MARCEL J. DEPERSIG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 246 RAG RUN RD.  
City ROANOKE State WV Zip Code 26447-8353  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040947**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. MR. MARTIN J. DEPERRO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 118 W. STREETSBORO ST  
City HUDSON State OH Zip Code 44236-2752  
FEC ID number of contributing federal political committee. **C**  
Name of Employer YBLLC Occupation CONSTRUCTION  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16045858**  
Amount of Each Receipt this Period 175.00  
CONTRIBUTION

**C. MR. MICHAEL DEROSA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1629 WARDEN STREET  
City EAU CLAIRE State WI Zip Code 54703-4958  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EAU-D INC. Occupation RESTAURANT OWNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16045529**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 133 OF 824  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JOHN DESANTIS**

Mailing Address 5160SE BURNING TREE CIRCLE

City State Zip Code  
STUART FL 34997-8732

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 08 / 2015  
**Transaction ID : SA11.16028829**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JEAN E. DEVALPINE**

Mailing Address 50 FRESH POND PKWY

City State Zip Code  
CAMBRIDGE MA 02138-3363

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS SELF EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028441**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. MARY C. DEVANEY**

Mailing Address 2466 SWEETWATER COUNTRY CLUB

City State Zip Code  
APOPKA FL 32712-2579

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039275**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00

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

**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)	PAGE 134 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. MARY C. DEVANEY**

Mailing Address **2466 SWEETWATER COUNTRY CLUB**

City **APOPKA** State **FL** Zip Code **32712-2579**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **10 / 30 / 2015**

**Transaction ID : SA11.16045422**

Amount of Each Receipt this Period **25.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. STEPHEN J. DEWITT**

Mailing Address **983 CLAYTONBROOKDR**

City **BALLWIN** State **MO** Zip Code **63011-1548**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **10 / 18 / 2015**

**Transaction ID : SA11.16032374**

Amount of Each Receipt this Period **5.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. STEPHEN J. DEWITT**

Mailing Address **983 CLAYTONBROOKDR**

City **BALLWIN** State **MO** Zip Code **63011-1548**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **10 / 25 / 2015**

**Transaction ID : SA11.16035670**

Amount of Each Receipt this Period **5.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **35.00**

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

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. ALBERTA L. DIAMOND**  
 Mailing Address 20118 US HWY 75  
 City State Zip Code  
 HOLTON KS 66436-8117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026955**  
 Amount of Each Receipt this Period  
 55.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. ALBERTA L. DIAMOND**  
 Mailing Address 20118 US HWY 75  
 City State Zip Code  
 HOLTON KS 66436-8117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034207**  
 Amount of Each Receipt this Period  
 85.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. BARRY J. DICK**  
 Mailing Address 8908 HAWLEY DRIVE  
 City State Zip Code  
 FORT WORTH TX 76244-5380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BAYLOR HEALTH SYSTEM R.N.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045764**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 165.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. CAROL F. DIERKOPH**  
 Mailing Address 12722 SHOCKLEY WOODS CT  
 City State Zip Code  
 AUBURN CA 95603-3618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027105**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CAROL F. DIERKOPH**  
 Mailing Address 12722 SHOCKLEY WOODS CT  
 City State Zip Code  
 AUBURN CA 95603-3618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027739**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. JOYCE DILL**  
 Mailing Address 3725 WEST CENTER ST  
 City State Zip Code  
 CINCINNATI OH 45227-4446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033770**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. SAMANTHA DODDS**  
 Mailing Address 23 89TH STREET #2  
 City State Zip Code  
 BROOKLYN NY 11209-5503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE NONE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2015  
**Transaction ID : SA11.16031920**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. MARY M. DODGE**  
 Mailing Address 262 BAREFOOT BEACH BLVD #201  
 City State Zip Code  
 BONITA SPRINGS FL 34134-2519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038982**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. STANTON DODGE**  
 Mailing Address 16 BOREALIS WAY  
 City State Zip Code  
 CASTLE ROCK CO 80108-9007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DISH ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2015  
**Transaction ID : SA11.16029591**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1275.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. NORMAN G. DODSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 VILLAGE CIR  
 City KEOKUK State IA Zip Code 52632-2057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 482.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032983**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. MR. NORMAN G. DODSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 VILLAGE CIR  
 City KEOKUK State IA Zip Code 52632-2057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 482.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036998**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. JIMMY R. DOHERTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14440 NUTTY BROWN RD  
 City AUSTIN State TX Zip Code 78737-8855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039295**  
 Amount of Each Receipt this Period  
 40.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 139 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. B. J. DOSS**  
 Mailing Address P.O. BOX 1575  
 City State Zip Code  
 COTTONWOOD CA 96022-1575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028306**  
 Amount of Each Receipt this Period  
 60.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. BETTY L. DOTSON**  
 Mailing Address 3845 KITT DR.  
 City State Zip Code  
 HELENA MT 59602-7323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16038326**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. GERALD L. DOTSON**  
 Mailing Address P.O. BOX 306  
 City State Zip Code  
 YACHATS OR 97498-0306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027234**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 195.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 140 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. GERALD L. DOTSON**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 306

City YACHATS State OR Zip Code 97498-0306

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 26 / 2015**

**Transaction ID : SA11.16037124**

Amount of Each Receipt this Period  
**35.00**

CONTRIBUTION

**B. MR. DAVID B. DOUGLAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3907 TRAPPERS FOREST DR.

City HOUSTON State TX Zip Code 77088-7443

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 19 / 2015**

**Transaction ID : SA11.16032688**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**C. MRS. MARJORIE DOWNIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 633 S BURLINGAME AVE

City LOS ANGELES State CA Zip Code 90049-4827

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 14 / 2015**

**Transaction ID : SA11.16031498**

Amount of Each Receipt this Period  
**75.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 141 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JAMES DOYLE**

Mailing Address **202 BARCLAY AVE**

City State Zip Code  
**COPPELL TX 75019-5521**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**PARKWAY CONSTRUCTION SUPERINTENDENT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
**10 / 19 / 2015**

**Transaction ID : SA11.16032710**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. JOAN D. DOYLE**

Mailing Address **2531 S CAMAC ST.**

City State Zip Code  
**PHILADELPHIA PA 19148-4311**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**390.00**

Date of Receipt  
**10 / 09 / 2015**

**Transaction ID : SA11.16029744**

Amount of Each Receipt this Period  
**30.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. JOAN D. DOYLE**

Mailing Address **2531 S CAMAC ST.**

City State Zip Code  
**PHILADELPHIA PA 19148-4311**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**390.00**

Date of Receipt  
**10 / 09 / 2015**

**Transaction ID : SA11.16029910**

Amount of Each Receipt this Period  
**30.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **85.00**

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

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

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

FOR LINE NUMBER: PAGE 142 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. JOAN D. DOYLE**  
 Mailing Address 2531 S CAMAC ST.  
 City PHILADELPHIA State PA Zip Code 19148-4311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16041093**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. VAUGHAN DRINKARD**  
 Mailing Address 1070 GOVERNMENT STREE  
 City MOBILE State AL Zip Code 36604-2442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16045854**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. FLORENCE E. DRYER**  
 Mailing Address 3910 WILLETT ROAD  
 City PITTSBURGH State PA Zip Code 15227-4542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036196**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 143 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. VLASTIMIR DUBAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 417 S BLUFF AVE  
 City LA GRANGE State IL Zip Code 60525-6866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DUBAK ELECTRICAL MTCE CORP Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16045853**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MRS. PATRICIA T. DUBOSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4540 HIGH ROCK TERRACE  
 City MARIETTA State GA Zip Code 30066-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 16 / 2015  
**Transaction ID : SA11.16032513**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MR. DALE DUENSING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 RICHMOND AVE  
 City HASTINGS State NE Zip Code 68901-3327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16027198**  
 Amount of Each Receipt this Period 20.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 144 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. LOREN A. DUFFEY**  
 Mailing Address 1397 ARROWHEAD DR.  
 City State Zip Code  
 PLACENTIA CA 92870-3510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040867**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. OSBORNE E. DUGAN**  
 Mailing Address 77 S CANAAN RD APT 221  
 City State Zip Code  
 CANAAN CT 06018-2519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 388.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11.16026145**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. OSBORNE E. DUGAN**  
 Mailing Address 77 S CANAAN RD APT 221  
 City State Zip Code  
 CANAAN CT 06018-2519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 388.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026851**  
 Amount of Each Receipt this Period  
 8.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 145 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. OSBORNE E. DUGAN**  
 Mailing Address 77 S CANAAN RD APT 221  
 City State Zip Code  
 CANAAN CT 06018-2519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 388.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034038**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. GRANT M. DUNCAN**  
 Mailing Address 1822 BEVERLY GLEN DR.  
 City State Zip Code  
 SANTA ANA CA 92705-3157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036694**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. CORY DUNN**  
 Mailing Address 6303 ASHCROFT ROAD  
 City State Zip Code  
 GREELEY CO 80634-9599  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CORY D DUNN M.D. PC PATHOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16029100**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 146 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DAVID DUNNING**  
 Mailing Address 11929 CHEVIS CT  
 City State Zip Code  
 CHARLOTTE NC 28277-6616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038400**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CHARLES E. DURBIN**  
 Mailing Address 2909 MOCKINGBIRD LANE  
 City State Zip Code  
 OKLAHOMA CITY OK 73110-3107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028664**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. CHARLES E. DURBIN**  
 Mailing Address 2909 MOCKINGBIRD LANE  
 City State Zip Code  
 OKLAHOMA CITY OK 73110-3107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16036062**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 147 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. BETTY J. DURKIN**

Mailing Address 3710 PROVIDENCE POINT DR. SE APT 2

City State Zip Code  
ISSAQUAH WA 98029-7231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034722**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HAROLD W. DURRETT**

Mailing Address 6404 GLEASON COURT

City State Zip Code  
EDINA MN 55436-1848

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
530.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16045379**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HAROLD W. DURRETT**

Mailing Address 6404 GLEASON COURT

City State Zip Code  
EDINA MN 55436-1848

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
530.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16045380**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

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

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

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

FOR LINE NUMBER: PAGE 148 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MICHAEL E. EARLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 W 4TH ST  
 City O FALLON State IL Zip Code 62269-2013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16032657**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**B. ROLAND EASLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 140 S BAILEY ST  
 City FALLON State NV Zip Code 89406-3239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16033658**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. STACY EBERSOLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1255 MUHLENBERG ST  
 City READING State PA Zip Code 19602-2069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036284**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 149 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. L. PAUL EBLE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Mailing Address 10330 W THUNDERBIRD BLVD APT C318		<b>Transaction ID : SA11.16030652</b>
City SUN CITY	State AZ	Zip Code 85351-3045
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. MR. EDWARD L. EDEN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2015
Mailing Address P.O. BOX 20194		<b>Transaction ID : SA11.16029933</b>
City COLORADO CITY	State CO	Zip Code 81019-2194
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer Occupation RETIRED RETIRED		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. MR. LESLIE EDGCOMB</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2015
Mailing Address 1471 LONG POND RD APT 243		<b>Transaction ID : SA11.16027542</b>
City ROCHESTER	State NY	Zip Code 14626-4131
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Occupation RETIRED RETIRED		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 150 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MARK S. EDWARDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5551 TAFT AVE  
 City LA JOLLA State CA Zip Code 92037-7643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035159**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION

**B. MR. STEPHEN EICHENBERGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 CENTRAL PARK WEST  
 City NEW YORK State NY Zip Code 10023-7253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STEPHEN EICHENBERGER Occupation BANKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16045873**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**C. MERWYN EILAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 854 MERRILL WAY  
 City PORT ANGELES State WA Zip Code 98362-7218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation OIL & GAS PROD.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA11.16037994**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1175.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 151 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ALLAN S. EISINGER**

Mailing Address 1688 WEST AVE APT 1105

City State Zip Code  
MIAMI BEACH FL 33139-2383

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037522**

Amount of Each Receipt this Period  
15.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JOHN J. EKELUND**

Mailing Address 1420 VIA MARETTIMO

City State Zip Code  
MONTEREY CA 93940-6416

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035994**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ALLEN R. ELKINS**

Mailing Address 105 GULLANE

City State Zip Code  
WILLIAMSBURG VA 23188-7438

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16041260**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 215.00

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

**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)	PAGE 152 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. CONNIE ELLEFSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 127 WHITE CAP RD  
City STORM LAKE State IA Zip Code 50588-7471  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LIBERTY FOOD SERVICE Occupation FOOD SERVICE OWNER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **255.00**

Date of Receipt **10 / 20 / 2015**  
**Transaction ID : SA11.16034102**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION

**B. DR. CATHY ELLETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 476 MAXWELL RD  
City FERRIDAY State LA Zip Code 71334-4475  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **523.32**

Date of Receipt **10 / 23 / 2015**  
**Transaction ID : SA11.16035505**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION

**C. MS. DORA ELLIOTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6040 S PACIFIC COAST HWY APT 1  
City REDONDO BEACH State CA Zip Code 90277-6140  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **265.00**

Date of Receipt **10 / 15 / 2015**  
**Transaction ID : SA11.16031121**  
Amount of Each Receipt this Period **30.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **180.00**  
**TOTAL** This Period (last page this line number only).....



**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)	PAGE 153 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. PEGGY ELLIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3211 OLD DOMINION BOULEVARD

City	State	Zip Code
ALEXANDRIA	VA	22305-1317

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ELLIS & COMPANY, L.L.C.	LOBBYIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

**Transaction ID : SA11.16031088**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B. MR. KIRWAN M. ELMERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1894 LAKE SHORE DR.

City	State	Zip Code
COLUMBUS	OH	43204-4962

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
951.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

**Transaction ID : SA11.16028375**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

**C. MR. KIRWAN M. ELMERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1894 LAKE SHORE DR.

City	State	Zip Code
COLUMBUS	OH	43204-4962

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
951.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

**Transaction ID : SA11.16032951**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 154 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROGER ELSAS**

Mailing Address 100 SO. NINE LAKE CIRCLE

City State Zip Code  
PONTE VEDRA BEACH FL 32082-3732

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DRECEL HAMILTON INVESTMENT BANKING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
10 / 05 / 2015  
**Transaction ID : SA11.16026658**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GREGG L. ENGLS**

Mailing Address 2750 BURBANK STREET

City State Zip Code  
DALLAS TX 75235-2603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DEAN FOODS COMPANY C.E.O.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  
10 / 22 / 2015  
**Transaction ID : SA11.16038069**

Amount of Each Receipt this Period  
7500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JIM L. ERVIN**

Mailing Address 106 NORTH CAROLINA AVENUE S.E.

City State Zip Code  
WASHINGTON DC 20003-1841

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ETA PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
10 / 22 / 2015  
**Transaction ID : SA11.16038070**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10100.00

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

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

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

FOR LINE NUMBER: PAGE 155 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT L. ERWIN**

Mailing Address 3216 MCNUTT AVE

City State Zip Code  
WALNUT CREEK CA 94597-1833

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037787**

Amount of Each Receipt this Period  
850.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. PAUL P. ESCOBAR**

Mailing Address 67 SUNSET AVE

City State Zip Code  
BROCKTON MA 02301-5852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MIKE LION RESTAURANT COMPANY CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11A.658645353**

Amount of Each Receipt this Period  
700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. PEDRO L. ESCOBAR**

Mailing Address 1091 E CALLE DE LA CABRA

City State Zip Code  
TUCSON AZ 85718-2932

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040387**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

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

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

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

FOR LINE NUMBER: PAGE 156 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MICHAEL P. ESPOSITO JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 8908  
 City State Zip Code  
 LONGBOAT KEY FL 34228-8908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031383**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MR. ALBERT E. EVANS JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16900 LEXINGTON BLVD  
 APT 1224  
 City State Zip Code  
 SUGAR LAND TX 77479-6250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 298.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040646**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**C. EVAN W. EVANS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 631 CESSNA AVE # A  
 City State Zip Code  
 FRIDAY HARBOR WA 98250-9145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027907**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 157 OF 824  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. EVAN W. EVANS**

Mailing Address **631 CESSNA AVE # A**

City State Zip Code  
**FRIDAY HARBOR WA 98250-9145**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
**10 / 26 / 2015**  
**Transaction ID : SA11.16037033**

Amount of Each Receipt this Period  
**100.00**

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. JOSEFINE G. EVANS**

Mailing Address **P.O. BOX 267**

City State Zip Code  
**BOYDS MD 20841-0267**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**610.00**

Date of Receipt  
**10 / 26 / 2015**  
**Transaction ID : SA11.16036530**

Amount of Each Receipt this Period  
**100.00**

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MRS. ANNABELLE EVERETT**

Mailing Address **17 ARMBRUSTER CT**

City State Zip Code  
**FROSTPROOF FL 33843-9556**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**440.00**

Date of Receipt  
**10 / 27 / 2015**  
**Transaction ID : SA11.16037535**

Amount of Each Receipt this Period  
**105.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ► **305.00**

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

**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)	PAGE 158 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. JEAN L. EVVARD TTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 WEEKS RD  
 City State Zip Code  
 GILFORD NH 03249-6831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031461**  
 Amount of Each Receipt this Period  
 120.00  
 CONTRIBUTION

**B. MR. BILL FAIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3001 N MAIN ST STE 2B  
 City State Zip Code  
 PRESCOTT VALLEY AZ 86314-2293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED RANCHER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030602**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**C. MR. BILL FAIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3001 N MAIN ST STE 2B  
 City State Zip Code  
 PRESCOTT VALLEY AZ 86314-2293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED RANCHER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040740**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. JANE C. FALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 DARTMOUTH LN  
 City ROCHESTER State NH Zip Code 03867-3202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16029860**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MS. JANE C. FALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 DARTMOUTH LN  
 City ROCHESTER State NH Zip Code 03867-3202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16033286**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**C. MS. JANE C. FALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 DARTMOUTH LN  
 City ROCHESTER State NH Zip Code 03867-3202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16039161**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 160 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JAMES L. FARAGHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12500 EDGEWATER DR. APT. 502  
 City LAKEWOOD State OH Zip Code 44107-1673  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PROFESSIONAL ENTERTAINMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 10 / 15 / 2015  
**Transaction ID : SA11.16032052**  
 Amount of Each Receipt this Period 75.00  
 CONTRIBUTION

**B. JOAN MARGARET FARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 DRIFTWOOD DR. E APT. 203  
 City LAFAYETTE State IN Zip Code 47905-6067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036829**  
 Amount of Each Receipt this Period 15.00  
 CONTRIBUTION

**C. JOAN MARGARET FARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 DRIFTWOOD DR. E APT. 203  
 City LAFAYETTE State IN Zip Code 47905-6067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040474**  
 Amount of Each Receipt this Period 15.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 105.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 161 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. BANKS H. FARRIS**

Mailing Address 904 LINKSIDE WAY

City State Zip Code  
BIRMINGHAM AL 35242-6430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16036024**

Amount of Each Receipt this Period  
110.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT J. FAST**

Mailing Address 1253 MADISON RD

City State Zip Code  
FOSTORIA OH 44830-1632

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033352**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. FELINO FELIPE**

Mailing Address 4588 ONONDAGA AVE

City State Zip Code  
SAN DIEGO CA 92117-3824

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
214.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036944**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 245.00

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

**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)	PAGE 162 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. MARY A. FELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14961 HOLE IN 1 CIR  
 APT 310  
 City FORT MYERS State FL Zip Code 33919-2122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035040**  
 Amount of Each Receipt this Period 40.00  
 CONTRIBUTION

**B. VINCENT A. FERACHI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2311 DOVE HOLLOW DR.  
 City BATON ROUGE State LA Zip Code 70809-1277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA11.16038224**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**C. DANIEL FERNANDEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 I STREET NE APT 619  
 City WASHINGTON State DC Zip Code 20002-4466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN BANKERS ASSOCIATION Occupation GOVERNMENT AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16033769**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	440.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 163 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. FREDERICK NOEL FERUGSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 BISHOP GADSDEN WAY APT 205

City	State	Zip Code
CHARLESTON	SC	29412-3571

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

**Transaction ID : SA11.16027374**

Amount of Each Receipt this Period  
110.00

CONTRIBUTION

**B. MR. FREDERICK NOEL FERUGSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 BISHOP GADSDEN WAY APT 205

City	State	Zip Code
CHARLESTON	SC	29412-3571

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

**Transaction ID : SA11.16036052**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C. MR. CHRIS FICHERA**  
Full Name (Last, First, Middle Initial)

Mailing Address 445 E CHEYENNE MOUNTAIN BLVD  
STE C332

City	State	Zip Code
COLORADO SPRINGS	CO	80906-1528

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HONEYWELL	PROJECT MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

**Transaction ID : SA11.16045813**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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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 (Last, First, Middle Initial)  
**A. MR. CHARLES Y. FIELDS**  
 Mailing Address 535 S. LAKEVIEW DRIVE  
 City DERBY State KS Zip Code 67037-1312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt 10 / 02 / 2015  
**Transaction ID : SA11.16026241**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HENRY W. FIELDS SR.**  
 Mailing Address 2115 1ST. AVE SE APT. 2218  
 City CEDAR RAPIDS State IA Zip Code 52402-6384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1046.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16026625**  
 Amount of Each Receipt this Period 355.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. PATRICIA A. FINCH**  
 Mailing Address 43 WOLF RIDGE DRIVE  
 City HOLLAND State OH Zip Code 43528-9467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA11.16038031**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 480.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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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 (Last, First, Middle Initial)  
**A. MS. PATRICIA A. FINCH**  
 Mailing Address 43 WOLF RIDGE DRIVE  
 City State Zip Code  
 HOLLAND OH 43528-9467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038972**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. LORI A. FINK**  
 Mailing Address 6858 LA VISTA DRIVE  
 City State Zip Code  
 DALLAS TX 75214-4032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AT&T SERVICES, INC. ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039145**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. BERTRAM P. FINN**  
 Mailing Address 61 KINGS CT APT 11W  
 City State Zip Code  
 SAN JUAN PR 00911-1663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039045**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 166 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. CAROL FINN**  
 Mailing Address 253 SOUTH BLVD  
 City State Zip Code  
 SADDLE BROOK NJ 07663-6015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045754**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DANIEL F. FINNANE**  
 Mailing Address 46300 AMETHYST DR.  
 City State Zip Code  
 INDIAN WELLS CA 92210-8611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE NONE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031463**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DANIEL F. FINNANE**  
 Mailing Address 46300 AMETHYST DR.  
 City State Zip Code  
 INDIAN WELLS CA 92210-8611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE NONE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16045543**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 167 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. NANCY J. FISCHER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4639 NADINE PARK DRIVE  
City HILLIARD State OH Zip Code 43026-6074  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **240.00**

Date of Receipt **10 / 24 / 2015**  
**Transaction ID : SA11.16035584**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION

**B. MRS. LORNA M. FISH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 W PICKERING BND  
City RICHBORO State PA Zip Code 18954-1540  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HOMEMAKER Occupation HOMEMAKER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2050.00**

Date of Receipt **10 / 27 / 2015**  
**Transaction ID : SA11.16037635**  
Amount of Each Receipt this Period **250.00**  
CONTRIBUTION

**C. MR. GUY D. FISHER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3LAKEVUE HEIGHTS DRIVE  
City OROVILLE State WA Zip Code 98844-9590  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation SURVEYOR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **10 / 08 / 2015**  
**Transaction ID : SA11.16028879**  
Amount of Each Receipt this Period **25.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **285.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 168 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. BENIGNO R. FITIAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7523 JENNITE DRIVE  
 City SAN DIEGO State CA Zip Code 92119-1206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 18 / 2015  
**Transaction ID : SA11.16032400**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. DR. JAMES FITTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14126 SUSANCREST DRIVE  
 City SAN ANTONIO State TX Zip Code 78232-4740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UTMB Occupation M.D.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16034907**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MR. MARK C. FLAKE IV**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1741 PEARCE CIR.  
 City SALEM State OH Zip Code 44460-1852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030895**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶



**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)	PAGE 169 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DANIEL FLOECK**  
Full Name (Last, First, Middle Initial)

Mailing Address 25914 PEREGRINE RDG

City SAN ANTONIO State TX Zip Code 78260-3582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 09 / 2015  
**Transaction ID : SA11.16028940**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B. MR. ELDON FORD JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 LA LITA LANE

City SANTA BARBARA State CA Zip Code 93105-1916

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1345.00

Date of Receipt  
10 / 19 / 2015  
**Transaction ID : SA11.16033376**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**C. MR. ELDON FORD JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 LA LITA LANE

City SANTA BARBARA State CA Zip Code 93105-1916

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1345.00

Date of Receipt  
10 / 26 / 2015  
**Transaction ID : SA11.16036681**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

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

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ELDON FORD JR.**  
 Mailing Address 19 LA LITA LANE  
 City State Zip Code  
 SANTA BARBARA CA 93105-1916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039666**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. DELINDA FORSYTHE**  
 Mailing Address 2101 TWAIN AVENUE  
 City State Zip Code  
 CARLSBAD CA 92008-4618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INNOVATIVE COMMERCIAL ENVIRONMENTS CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045812**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. WALLACE FORT**  
 Mailing Address 391 DUTTON MOUNTAIN ROAD  
 City State Zip Code  
 CENTER RIDGE AR 72027-8463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033278**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 171 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. WILLIAM FOSTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 SHEPARD RD

City WOODBRIDGE State CT Zip Code 06525-2420

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015

**Transaction ID : SA11.16030570**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B. MR. LAWRENCE A. FRAMBURG**  
Full Name (Last, First, Middle Initial)

Mailing Address 1555 N ASTOR ST APT 33E

City CHICAGO State IL Zip Code 60610-5775

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 980.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015

**Transaction ID : SA11.16031488**

Amount of Each Receipt this Period  
 5.00

CONTRIBUTION

**C. MR. L. SCOTT FRANTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 SOUND SHORE DRIVE

City GREENWICH State CT Zip Code 06830-7242

FEC ID number of contributing federal political committee. **C**

Name of Employer HAEBLER CAPITAL Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : SA11.16038107**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2755.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 172 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ROBERT FREEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6611 NORFOLK

City LUBBOCK State TX Zip Code 79413-5902

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038571**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**B. B. S. FRIEDBERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 134 E. 71ST STREET

City NEW YORK State NY Zip Code 10021-5011

FEC ID number of contributing federal political committee. **C**

Name of Employer FRIEDBERG INVESTMENT Occupation INVESTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030676**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C. MRS. PATRICIA P. FRIESEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1316 VALENTINE ST.

City HURST State TX Zip Code 76053-4035

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027044**

Amount of Each Receipt this Period  
 40.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	640.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HOLLOWAY FROST**  
 Mailing Address P.O. BOX 667  
 City State Zip Code  
 HOUSTON TX 77001-0667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 31000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16041564**  
 Amount of Each Receipt this Period  
 15000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. SEYMOUR FRUCHTER**  
 Mailing Address P.O. BOX 386  
 City State Zip Code  
 OCEAN VIEW DE 19970-0386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16034932**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. DOROTHY C. FULLAM**  
 Mailing Address P.O. BOX 498  
 City State Zip Code  
 PRINCETON NJ 08542-0498  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035193**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 15100.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. HARRY J. GALLAGHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 531 WINDERMERE BLVD  
 City ALEXANDRIA State LA Zip Code 71303-2941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16033820**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MR. MARK W. GALLISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 SYCAMORE ST  
 City TURLOCK State CA Zip Code 95380-4147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16026930**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**C. MR. MARK W. GALLISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 SYCAMORE ST  
 City TURLOCK State CA Zip Code 95380-4147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037797**  
 Amount of Each Receipt this Period 30.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. ANN R. GARBER**  
 Mailing Address 200 E SOUTH ST  
 City State Zip Code  
 CORYDON IA 50060-1726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WAYNE COUNTY MENTAL HEALTH ADVOV.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033950**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MARY LOU GARBERG**  
 Mailing Address P.O. BOX 2551  
 City State Zip Code  
 STANWOOD WA 98292-2551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16028022**  
 Amount of Each Receipt this Period  
 70.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MIKE GARCIA**  
 Mailing Address 10121 ORANGE AVE  
 City State Zip Code  
 CUPERTINO CA 95014-2828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027963**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MIKE GARCIA**  
 Mailing Address 10121 ORANGE AVE  
 City State Zip Code  
 CUPERTINO CA 95014-2828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11.16031982**  
 Amount of Each Receipt this Period  
 220.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MIKE GARCIA**  
 Mailing Address 10121 ORANGE AVE  
 City State Zip Code  
 CUPERTINO CA 95014-2828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16038272**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. LLOYD GARDNER**  
 Mailing Address 27552 HARBOR BLUFF  
 City State Zip Code  
 DAPHNE AL 36526-4749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GRP M.D.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16035689**  
 Amount of Each Receipt this Period  
 220.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 490.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 177 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. CICERO GARNER**  
 Mailing Address 6400 SOUTH LAGOON DRIVE  
 City State Zip Code  
 PANAMA CITY BEACH FL 32408-6003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038941**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GEORGE GARRISON**  
 Mailing Address 31 EAGLE COVE LANE  
 City State Zip Code  
 SAINT CHARLES MO 63303-3738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SANTOLUBES LLC CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045818**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. MARGE GARSTECKI**  
 Mailing Address 16 NEWALL AVENUE  
 City State Zip Code  
 AUBURN ME 04210-6120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 956.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11.16026291**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 585.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. CAROL SUE SUE GARWOOD**  
 Mailing Address 9618 ROCKHURST DRIVE  
 City HOUSTON State TX Zip Code 77080-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16045756**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. GERALD GASBER**  
 Mailing Address 9608 CLOS DU LAC CIRCLE  
 City LOOMIS State CA Zip Code 95650-7717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation FINANCIAL PLANNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2015  
**Transaction ID : SA11.16025942**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. NORMAN L. GAUGER**  
 Mailing Address 6973 DOVER WAY  
 City ARVADA State CO Zip Code 80004-1735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036979**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 179 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. CHARLES R. GAUNCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 EATON DR.  
 City WATERVILLE State ME Zip Code 04901-4510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030964**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MS. MARCIA M. GAYLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 564 MAIN STREET, APT. D  
 City HACKENSACK State NJ Zip Code 07601-5964  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BERGEN COUNTY BOARD OF ELECTIONS ELECTION BOARD WORKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036591**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

**C. SUSANNE E. GEIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6000 REDBIRD HOLLOW LN  
 City CINCINNATI State OH Zip Code 45243-3331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026700**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 760.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 180 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. MARLENE R. GEISER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address INFO REQUESTED  
 City SPRINGVILLE State UT Zip Code 84663-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037411**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MS. LILIYA GELFAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 320 BRIGHTON BEACH AVE  
 City BROOKLYN State NY Zip Code 11235-7413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEW TOURS Occupation OWNER MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031082**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MR. GREGORY GELLERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38330 LAKESHORE DR  
 City HARRISON TOWNSHIP State MI Zip Code 48045-2859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MS CIS Occupation ADJUDICATION OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 10 / 02 / 2015  
**Transaction ID : SA11.16026247**  
 Amount of Each Receipt this Period 160.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 510.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 181 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. WALLACE C. GEORGE**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 588

City FLORENCE	State MS	Zip Code 39073-0588
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

**Transaction ID : SA11.16028472**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**B. NANCY GERRISH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2302 WOODSIDE LN.

City NEWTOWN SQ	State PA	Zip Code 19073-2755
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

**Transaction ID : SA11.16032903**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

**C. MR. GEORGE R. GETTYS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 857 GETTYS RD

City PHILADELPHIA	State TN	Zip Code 37846-1680
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation FARMER
-----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

**Transaction ID : SA11.16026597**

Amount of Each Receipt this Period  
85.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 182 OF 824
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. GEORGE R. GETTYS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 857 GETTYS RD  
City PHILADELPHIA State TN Zip Code 37846-1680  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation FARMER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 465.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16039273**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**B. MR. GREGORY GHICA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 928 WAGSTAFF RD  
City PARADISE State CA Zip Code 95969-2526  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16045757**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**C. MS. JUDY GILBERT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 52 EAST END AVE 33A  
City NEW YORK State NY Zip Code 10028-8096  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RG CONSULTING Occupation CONSULTANT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16045850**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 175.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 183 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. PAUL H. GILBERT**  
 Mailing Address 7725 168TH PL SW  
 City State Zip Code  
 EDMONDS WA 98026-5011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2015  
**Transaction ID : SA11.16035553**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. LOUIS GILIBERTI**  
 Mailing Address 80 RED CLIFF ROAD  
 City State Zip Code  
 UPPER BLACK EDDY PA 18972-9532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045817**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. MARIE D. GILLESPIE**  
 Mailing Address 3235 S RIVA RIDGE WAY  
 City State Zip Code  
 BOISE ID 83709-3806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16045528**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 184 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MARK E. GILLIAM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 TRAVIS STREET  
City SHREVEPORT State LA Zip Code 71101-3108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation ATTORNEY  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1450.00**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : SA11.16039692**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION

**B. MS. SUSAN GILMORE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 333 WALNUT PLAIN ROAD  
City ROCHESTER State MA Zip Code 02770-4029  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GILMORE CRANBERRY COMAPNY Occupation OFFICE MANAGER  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 17 / 2015**  
**Transaction ID : SA11.16032271**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION

**C. MR. EARL GJELDE**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 1235  
City DILLON State CO Zip Code 80435-1235  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **800.00**

Date of Receipt **10 / 31 / 2015**  
**Transaction ID : SA11.16039862**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 185 OF 824
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. AUDREY E. GLAAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 SE 16TH ST  
 City CHEHALIS State WA Zip Code 98532-3834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034405**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MR. JOHN R. GLENNIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12020 REISTERSTOWN RD  
 City REISTERSTOWN State MD Zip Code 21136-3041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 373.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027760**  
 Amount of Each Receipt this Period  
 55.00  
 CONTRIBUTION

**C. MRS. LOUISE G. GLOVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1435  
 City MOREHEAD CITY State NC Zip Code 28557-1435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033154**  
 Amount of Each Receipt this Period  
 90.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 245.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 186 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HAL I. GOLDEN**  
 Mailing Address 5 SNOWSTAR LN  
 City State Zip Code  
 SANDY UT 84092-4800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF MKTING  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030334**  
 Amount of Each Receipt this Period  
 5.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MICHAEL S. GOLDING**  
 Mailing Address 2400 S FINLEY RD APT 271  
 City State Zip Code  
 LOMBARD IL 60148-7023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1745.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033507**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MICHAEL S. GOLDING**  
 Mailing Address 2400 S FINLEY RD APT 271  
 City State Zip Code  
 LOMBARD IL 60148-7023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1745.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035076**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 105.00  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 187 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MICHAEL S. GOLDING**

Mailing Address 2400 S FINLEY RD APT 271

City State Zip Code  
LOMBARD IL 60148-7023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1745.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16036130**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MICHAEL S. GOLDING**

Mailing Address 2400 S FINLEY RD APT 271

City State Zip Code  
LOMBARD IL 60148-7023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1745.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039166**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ELENA GONZALEZ**

Mailing Address 2920 NW 18TH AVE APT 2F

City State Zip Code  
MIAMI FL 33142-6001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11.16032514**

Amount of Each Receipt this Period  
40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 215.00

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

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

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

FOR LINE NUMBER: PAGE 188 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. ELENA GONZALEZ**

Mailing Address 2920 NW 18TH AVE APT 2F

City State Zip Code  
MIAMI FL 33142-6001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040939**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 40.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. SALLY GOOD**

Mailing Address 3947 HOPKINSVILLE RD.

City State Zip Code  
CUERO TX 77954-5707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DEER OAKS CLINICAL PSYCHOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033738**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. KARLA C. GOODENOUGH**

Mailing Address 5216 RIDGE ROAD

City State Zip Code  
JOELTON TN 37080-8955

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036248**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶  .  .  .  .  .  .  .  .  .  .  
 140.00

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

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

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

FOR LINE NUMBER: PAGE 189 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. BEVERLY C. GOODLETT**  
 Mailing Address 2104 PENINSULA DR.  
 City State Zip Code  
 SAN ANTONIO TX 78239-3076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16029970**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ANNE MCKENZIE GOODNIGHT**  
 Mailing Address 50 ASH CT  
 City State Zip Code  
 LAFAYETTE IN 47905-3902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16041236**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DAVID GORDON**  
 Mailing Address P.O. BOX 937  
 City State Zip Code  
 RANCHESTER WY 82839-0937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039540**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JACKIE GORDON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6203 14TH AVE  
 City MERIDIAN State MS Zip Code 39305-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11.16025938**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MR. JAMES A. GORDON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1260 E 2ND. ST. APT. 2  
 City LONG BEACH State CA Zip Code 90802-5744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030663**  
 Amount of Each Receipt this Period  
 45.00  
 CONTRIBUTION

**C. MR. JAMES A. GORDON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1260 E 2ND. ST. APT. 2  
 City LONG BEACH State CA Zip Code 90802-5744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2015  
**Transaction ID : SA11.16032064**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 191 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JAMES A. GORDON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1260 E 2ND. ST. APT. 2  
City LONG BEACH State CA Zip Code 90802-5744  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 370.00

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA11.16038279**  
Amount of Each Receipt this Period 15.00  
CONTRIBUTION

**B. MR. RICHARD R. GORDON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 653 SEVEN LAKES NORTH  
City WEST END State NC Zip Code 27376-9772  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16026887**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**C. ROBERT GOSS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 34 SOUTH 990 EAST  
City AMERICAN FORK State UT Zip Code 84003-2920  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038745**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 192 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. PHILIP J. GRACE**  
Full Name (Last, First, Middle Initial)

Mailing Address 68 FISKE ST

City TEWKSBURY State MA Zip Code 01876-1116

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **620.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034119**

Amount of Each Receipt this Period  
**75.00**

CONTRIBUTION

**B. MR. MICHAEL GRAFF**  
Full Name (Last, First, Middle Initial)

Mailing Address 3877 E PECAN STREET

City BOISE State ID Zip Code 83716-7136

FEC ID number of contributing federal political committee. **C**

Name of Employer PRIMARY HEALTH MEDICAL GROUP Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16037142**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

**C. MR. WILLIAM GRAHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 6167

City CAREFREE State AZ Zip Code 85377-6167

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16045861**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **350.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 193 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DR. RAZVAN N. GRAMATOVICI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1916 S QUAIL RUN  
City COTTONWOOD State AZ Zip Code 86326-7008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16037321**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. HON. PHIL GRAMM**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1559  
City HELOTES State TX Zip Code 78023-1559  
FEC ID number of contributing federal political committee. **C**  
Name of Employer US POLICY METRICS Occupation SENIOR PARTNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16043197**  
Amount of Each Receipt this Period 33400.00  
CONTRIBUTION

**C. MRS. WENDY LEE GRAMM**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1559  
City HELOTES State TX Zip Code 78023-1559  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16043198**  
Amount of Each Receipt this Period 33400.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 66900.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 194 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. GERALD E. GRANT</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2015 <b>Transaction ID : SA11.16026482</b>
Mailing Address 617 HILLTOP DRIVE		Amount of Each Receipt this Period 1000.00 <b>CONTRIBUTION</b>
City RUSSELLVILLE	State AR	Zip Code 72802-8818
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 375.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR. CHARLES B. GRAY</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2015 <b>Transaction ID : SA11.16043193</b>
Mailing Address 4067 ANCIENT AMBER WAY		Amount of Each Receipt this Period 1000.00 <b>CONTRIBUTION</b>
City NORCROSS	State GA	Zip Code 30092-5121
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1000.00	
Name of Employer GV FINANCIAL ADVISORS	Occupation FINANCIAL ADVISOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. SGT. LAWRENCE S. GREBNER</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2015 <b>Transaction ID : SA11.16035012</b>
Mailing Address 4101 CHEYENNE CIR		Amount of Each Receipt this Period 20.00 <b>CONTRIBUTION</b>
City SANTA FE	State NM	Zip Code 87507-8407
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 405.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1070.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 195 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. BEN GREENE**  
 Mailing Address 2575 NC 18 US 64  
 City State Zip Code  
 MORGANTON NC 28655-9343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032962**  
 Amount of Each Receipt this Period  
 40.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. MERIKAY GREEN**  
 Mailing Address 3710 HOLLAND - UNIT #2  
 City State Zip Code  
 DALLAS TX 75219-4388  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INTERIOR RESOURCES BUSINESS OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032655**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ELIZABETH GREESON**  
 Mailing Address 2605 E LOMA VISTA AVE  
 City State Zip Code  
 VICTORIA TX 77901-4432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ATZENHOPPE CHEVROLET INVESTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2160.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040791**  
 Amount of Each Receipt this Period  
 540.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 605.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 196 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. HAMER GREGORY**  
Full Name (Last, First, Middle Initial)

Mailing Address PO DRAWER 3608

City MORGAN CITY State LA Zip Code 70381-3608

FEC ID number of contributing federal political committee. **C**

Name of Employer B&G FOOD ENTERPRISES, LLC Occupation EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16045631**

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

**B. DR. WILLIAM J. GREGOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1520 GATEWOOD STREET

City LEAVENWORTH State KS Zip Code 66048-5357

FEC ID number of contributing federal political committee. **C**

Name of Employer US ARMY Occupation PROFESSOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034085**

Amount of Each Receipt this Period 80.00

CONTRIBUTION

**C. CARL GRIEVE**  
Full Name (Last, First, Middle Initial)

Mailing Address 850 E CYPRESS AVE

City GLENDORA State CA Zip Code 91741-2832

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027731**

Amount of Each Receipt this Period 25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1105.00

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

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

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

FOR LINE NUMBER: PAGE 197 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DANIEL GRIFFITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36145 HWY 24  
 City DE WITT State MO Zip Code 64639-7102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035985**  
 Amount of Each Receipt this Period  
 40.00  
 CONTRIBUTION

**B. MS. IDA V. GRIFFIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 509 TELEGRAPH RD  
 City STAFFORD State VA Zip Code 22554-4803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035293**  
 Amount of Each Receipt this Period  
 15.00  
 CONTRIBUTION

**C. MS. KELLY GRIFFIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 168 HARDMAN AVE S.  
 City SOUTH ST PAUL State MN Zip Code 55075-2453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MCCARTHY DUCE SALES SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039146**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1055.00  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 198 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. PETER BAKEWELL GRIFFIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 WINDABOUT DR  
 City GREENWICH State CT Zip Code 06831-3702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LEXUS OF GREENARD Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027630**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MR. PHILLIP GRIFFIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3920 HEMLOCK ST  
 City FORT WORTH State TX Zip Code 76137-1611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ELITE Occupation SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2015  
**Transaction ID : SA11.16032355**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. MS. FRANCIS GRILLOT JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 WOODLAWN DR.  
 City FAIRFIELD BAY State AR Zip Code 72088-3622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045772**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 199 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. SUELLEN GRIM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6670 COUNTRY FIELD  
 City SAN ANTONIO State TX Zip Code 78240-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16045770**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MR. GARY A. GROENKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 526 74TH ST  
 City KENOSHA State WI Zip Code 53143-5568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DESIGN PARTNERS Occupation GRAPHIC DESIGNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038930**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MR. BILL F. GRONBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 E 18TH ST  
 City OWENSBORO State KY Zip Code 42303-3752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GREEN WOODS HIGH SCHOOL Occupation TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11A.658645349**  
 Amount of Each Receipt this Period 3000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3275.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 200 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MIKE B. GRONBERG**

Mailing Address 11008 W GREENSPOINT ST

City State Zip Code  
WICHITA KS 67205-6024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WEST MAIN HOSPITAL NURSE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 22 / 2015  
**Transaction ID : SA11A.658645347**

Amount of Each Receipt this Period  
450.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. SUSAN GROOM**

Mailing Address 64-5163 WHITE ROAD

City State Zip Code  
KAMUELA HI 96743-8239

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039073**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ELAYNE D. GROTH**

Mailing Address 9989 N LANGDON RD.

City State Zip Code  
CITRUS SPRINGS FL 34434-3572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040479**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶  600.00

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



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

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

FOR LINE NUMBER: PAGE 201 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. HELEN M. GUALTIERI**  
 Mailing Address 13613 BURKE RD  
 City State Zip Code  
 LOS ALTOS HILLS CA 94022-3505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036471**  
 Amount of Each Receipt this Period  
 65.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. GERRY GUDANI**  
 Mailing Address 1083 LANARK ST  
 City State Zip Code  
 LOS ANGELES CA 90041-2524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027503**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JAMES GUERDON**  
 Mailing Address 5169 SW 27TH DRIVE  
 City State Zip Code  
 GAINESVILLE FL 32608-3980  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039398**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 190.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 202 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. MARIETTA S. GUEVARA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2016 GROVE PARK WAY  
City BIRMINGHAM State AL Zip Code 35242-2481  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LIFE SAVVY WEIGHT LOSS CLINIC Occupation SEMI-RETIRED PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1965.00

Date of Receipt 10 / 02 / 2015  
**Transaction ID : SA11.16026346**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**B. MS. MARIETTA S. GUEVARA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2016 GROVE PARK WAY  
City BIRMINGHAM State AL Zip Code 35242-2481  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LIFE SAVVY WEIGHT LOSS CLINIC Occupation SEMI-RETIRED PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1965.00

Date of Receipt 10 / 11 / 2015  
**Transaction ID : SA11.16029392**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION

**C. MS. MARIETTA S. GUEVARA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2016 GROVE PARK WAY  
City BIRMINGHAM State AL Zip Code 35242-2481  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LIFE SAVVY WEIGHT LOSS CLINIC Occupation SEMI-RETIRED PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1965.00

Date of Receipt 10 / 17 / 2015  
**Transaction ID : SA11.16032186**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 203 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. MARIETTA S. GUEVARA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2016 GROVE PARK WAY  
 City BIRMINGHAM State AL Zip Code 35242-2481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LIFE SAVVY WEIGHT LOSS CLINIC SEMI-RETIRED PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1965.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033742**  
 Amount of Each Receipt this Period  
 15.00  
 CONTRIBUTION

**B. MS. MARIETTA S. GUEVARA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2016 GROVE PARK WAY  
 City BIRMINGHAM State AL Zip Code 35242-2481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LIFE SAVVY WEIGHT LOSS CLINIC SEMI-RETIRED PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1965.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2015  
**Transaction ID : SA11.16035675**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. MS. MARIETTA S. GUEVARA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2016 GROVE PARK WAY  
 City BIRMINGHAM State AL Zip Code 35242-2481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LIFE SAVVY WEIGHT LOSS CLINIC SEMI-RETIRED PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1965.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : SA11.16039968**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 204 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MS. MARIETTA S. GUEVARA</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2015
Mailing Address 2016 GROVE PARK WAY		<b>Transaction ID : SA11.16040030</b>
City BIRMINGHAM	State AL	Zip Code 35242-2481
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer LIFE SAVVY WEIGHT LOSS CLINIC	Occupation SEMI-RETIRED PHYSICIAN	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1965.00	

Full Name (Last, First, Middle Initial) <b>B. MS. MARIETTA S. GUEVARA</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2015
Mailing Address 2016 GROVE PARK WAY		<b>Transaction ID : SA11.16040063</b>
City BIRMINGHAM	State AL	Zip Code 35242-2481
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer LIFE SAVVY WEIGHT LOSS CLINIC	Occupation SEMI-RETIRED PHYSICIAN	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1965.00	

Full Name (Last, First, Middle Initial) <b>C. REV. FANNALOU GUGGISBERG</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 14 / 2015
Mailing Address 21017 N 125TH AVE		<b>Transaction ID : SA11.16031341</b>
City SUN CITY WEST	State AZ	Zip Code 85375-1922
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer RETIRED	Occupation RETIRED	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 205 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. CLARK L. GUGLER**

Mailing Address 1409 FOX RIVER PKWY.

City State Zip Code  
WAUKESHA WI 53189-7124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16038146**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RICHARD GUMP**

Mailing Address 6015 OAKCREST

City State Zip Code  
DALLAS TX 75248-3852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RICHARD A. GUMP, JR., P.C. ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2015  
**Transaction ID : SA11.16029261**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. HARLEY GUNDERSON**

Mailing Address 17780 CAMINO DE YATASTO

City State Zip Code  
PACIFIC PALISADES CA 90272-2017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037910**

Amount of Each Receipt this Period  
 75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

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

**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)	PAGE 206 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOHN M. GUTHRIE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 972 LINCOLN AVENUE  
City POMONA State CA Zip Code 91767-4142  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16029968**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**B. MS. CAROLYN GUTTILLA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 G NOB HILL  
City ROSELAND State NJ Zip Code 07068-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16039538**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. ADOLFO A. GUZMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 6007  
City PHILADELPHIA State PA Zip Code 19114-0607  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PACKAGING COORFINATORS Occupation PACKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031393**  
Amount of Each Receipt this Period 20.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 207 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DR. ROBERT C. HAAKENSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 308 SOUTH 13TH STREET  
 City OLIVIA State MN Zip Code 56277-1225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040918**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**B. MR. RUDOLPH J. HABJAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2468 TAMARIND GROVE RUN  
 City THE VILLAGES State FL Zip Code 32162-3843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16029716**  
 Amount of Each Receipt this Period 30.00  
 CONTRIBUTION

**C. MS. KATHARINE D. HAIMBAUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4313 EXUM DR.  
 City WEST COLUMBIA State SC Zip Code 29169-7167  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16033205**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <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
	PAGE 208 OF 824								

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. VALERIE A. HALBACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8869 HALVERSON DR.  
 City ELK GROVE State CA Zip Code 95624-1630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2015  
**Transaction ID : SA11.16032021**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. HON. JOAN HALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2904 SCOTTLYNNE DR  
 City PARK RIDGE State IL Zip Code 60068-2855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16029620**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

**C. ROBERT HALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1815 INDEPENDENCE AV.  
 City MELBOURNE State FL Zip Code 32940-6849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036222**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 209 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT HALL**  
 Mailing Address 1815 INDEPENDENCE AV.  
 City MELBOURNE State FL Zip Code 32940-6849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036226**  
 Amount of Each Receipt this Period  
 275.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WILLIAM HALLSTROM**  
 Mailing Address 982 SHAUGHNESSY LN  
 City EUGENE State OR Zip Code 97401-2086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16034913**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. BARBARA A. HAMANAKA**  
 Mailing Address 40 EAGLE RIDGE DR.  
 City GALES FERRY State CT Zip Code 06335-1904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SACRED HEART SCHOOL Occupation TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16037491**  
 Amount of Each Receipt this Period  
 440.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 915.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 210 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. CLARA HAMASAKI**

Mailing Address 1109 GOLDEN RAIN RD APT 3

City State Zip Code  
WALNUT CREEK CA 94595-2498

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
505.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2015  
**Transaction ID : SA11.16031229**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. EARL F. HAMILTON**

Mailing Address 1884 KIMS COVE ROAD

City State Zip Code  
CANTON NC 28716-9130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2015  
**Transaction ID : SA11.16029524**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. EARL F. HAMILTON**

Mailing Address 1884 KIMS COVE ROAD

City State Zip Code  
CANTON NC 28716-9130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2015  
**Transaction ID : SA11.16033801**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 211 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. MR. EARL F. HAMILTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1884 KIMS COVE ROAD

City CANTON	State NC	Zip Code 28716-9130
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : SA11.16039455**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

**B. MR. EARL F. HAMILTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1884 KIMS COVE ROAD

City CANTON	State NC	Zip Code 28716-9130
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : SA11.16039976**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**

**C. MS. JANET HANSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address PER 8500 UPPER HUFFMAN ROAD

City ANCHORAGE	State AK	Zip Code 99516-2521
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

**Transaction ID : SA11.16031049**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 212 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 (Last, First, Middle Initial)  
**A. MR. LEWIS HANSON**

Mailing Address **W51N602 CEDAR RESERVE CIRCLE**

City <b>CEDARBURG</b>	State <b>WI</b>	Zip Code <b>53012-2134</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2015

**Transaction ID : SA11.16027759**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. DR. LAWRENCE G. HARDWICKE M.D.**

Mailing Address **1625 WESTWOOD DR.  
HARDWICKS FAMILY TRUST**

City <b>ABILENE</b>	State <b>TX</b>	Zip Code <b>79603-4253</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

**Transaction ID : SA11.16037533**

Amount of Each Receipt this Period  

20.00
-------

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MRS. MARILYN K. HARPER**

Mailing Address **3209 VIA LA SELVA**

City <b>PALOS VERDES ESTATES</b>	State <b>CA</b>	Zip Code <b>90274-1051</b>
-------------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>UNIVERSITY OF LA VERNE</b>	Occupation <b>READING SPECIALIST, M.A.</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

**Transaction ID : SA11.16031479**

Amount of Each Receipt this Period  

50.00
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**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>170.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 213 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. BEVERLY HARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3301 S WESTERN AVE  
 City OKLAHOMA CITY State OK Zip Code 73109-2408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16030186**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**B. MARGARET HARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13357 RED CEDAR LN.  
 City PLAINFIELD State IL Zip Code 60544-9368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027858**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**C. DIANE HARRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 APPIAN WAY  
 City VERNON HILLS State IL Zip Code 60061-1604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027614**  
 Amount of Each Receipt this Period  
 40.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 260.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 214 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DIANE HARRIS**  
 Mailing Address 301 APPIAN WAY  
 City State Zip Code  
 VERNON HILLS IL 60061-1604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2015  
**Transaction ID : SA11.16032106**  
 Amount of Each Receipt this Period  
 45.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GUY L. HARRIMAN**  
 Mailing Address 131 GROVE ST.  
 City State Zip Code  
 LITTLETON NH 03561-4206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026660**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. GUY L. HARRIMAN**  
 Mailing Address 131 GROVE ST.  
 City State Zip Code  
 LITTLETON NH 03561-4206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032787**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 215 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. SUE HARTLEY**  
 Mailing Address 9 EAST. 2ND AVE.,APT. 304  
 City State Zip Code  
 ROME GA 30161-1732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027023**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. ELISABETH H. HARTUNG**  
 Mailing Address 1711 WATEREDGE DR.  
 City State Zip Code  
 NAPLES FL 34110-7912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038511**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ELISABETH H. HARTUNG**  
 Mailing Address 1711 WATEREDGE DR.  
 City State Zip Code  
 NAPLES FL 34110-7912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : SA11.16039979**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 216 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. ELIZABETH R. HASKINS**  
 Mailing Address 150 FOREST HILL VIEW  
 City State Zip Code  
 LEXINGTON VA 24450-4026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030931**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOE M. HATFIELD**  
 Mailing Address PO BOX 558  
 City State Zip Code  
 BALDWIN GA 30511-0558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FIELDDALE FARMS POULTRY, LLC OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16043192**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. LUCAS HATZIS**  
 Mailing Address 700 13TH STREET NW SUITE 200  
 City State Zip Code  
 WASHINGTON DC 20005-3956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CAPITOL COUNSEL PRINCIPAL  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027464**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5180.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 217 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. LA-VONNE HAVEN**  
 Mailing Address 9060 ASHVILLE DR.  
 City State Zip Code  
 PENSACOLA FL 32514-5691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 YOUTH DEVELOPMENT CAMP FIRE GULF WIND, INC.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2015  
**Transaction ID : SA11.16032323**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. LA-VONNE HAVEN**  
 Mailing Address 9060 ASHVILLE DR.  
 City State Zip Code  
 PENSACOLA FL 32514-5691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 YOUTH DEVELOPMENT CAMP FIRE GULF WIND, INC.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16034870**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. LA-VONNE HAVEN**  
 Mailing Address 9060 ASHVILLE DR.  
 City State Zip Code  
 PENSACOLA FL 32514-5691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 YOUTH DEVELOPMENT CAMP FIRE GULF WIND, INC.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039700**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 218 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. LA-VONNE HAVEN**  
 Mailing Address 9060 ASHVILLE DR.  
 City PENSACOLA State FL Zip Code 32514-5691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer YOUTH DEVELOPMENT Occupation CAMP FIRE GULF WIND, INC.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16045416**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. KAREN HAVEY**  
 Mailing Address PO BOX 188  
 City TUSCARAWAS State OH Zip Code 44682-0188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA11.16027538**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ORVAL PAUL HAWKINS**  
 Mailing Address 45 CEDAR TREE LANE  
 City PARKERSBURG State WV Zip Code 26104-7256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 515.00

Date of Receipt 10 / 15 / 2015  
**Transaction ID : SA11.16031936**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 219 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ORVAL PAUL HAWKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 45 CEDAR TREE LANE  
City PARKERSBURG State WV Zip Code 26104-7256  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 515.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16039951**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**B. PHILIP HAYS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4037 N. 35TH STREET  
City ARLINGTON State VA Zip Code 22207-4427  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSA Occupation MANAGING DIR.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 24 / 2015  
**Transaction ID : SA11.16035596**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. MR. THOMAS HAYWARD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 900 UNIVERSITY ST., APT 4E  
City SEATTLE State WA Zip Code 98101-2727  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038448**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 220 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JONATHAN HEAFITZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 2704 EMMET ROAD

City SILVER SPRING State MD Zip Code 20902-4832

FEC ID number of contributing federal political committee. **C**

Name of Employer PCMA Occupation LOBBYIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031036**

Amount of Each Receipt this Period  
 150.00

CONTRIBUTION

**B. MRS. JANE HEID**  
Full Name (Last, First, Middle Initial)

Mailing Address 9572 WHISPER RIGE TRAIL

City WEEKI WACHEE State FL Zip Code 34613-6469

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040758**

Amount of Each Receipt this Period  
 190.00

CONTRIBUTION

**C. RON HEIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6729 SW SHERWOOD CT

City TOPEKA State KS Zip Code 66614-4647

FEC ID number of contributing federal political committee. **C**

Name of Employer HEIN GOVERNMENTAL CONSULTING, LLC Occupation GOVERNMENTAL AFFAIRS CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2015  
**Transaction ID : SA11.16029250**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	590.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 221 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. WILLIAM HELFEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5437 HARGROVE BLVD

City VIRGINIA BEACH State VA Zip Code 23464-2333

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16029816**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**B. MR. RALPH HELLMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3310 OLD DOMINION BLVD.

City ALEXANDRIA State VA Zip Code 22305-1318

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034472**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C. MR. KEITH T. HENDERSHOT**  
Full Name (Last, First, Middle Initial)

Mailing Address 6780 HICKORY TRCE NE

City GEORGETOWN State IN Zip Code 47122-7556

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032803**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1060.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 222 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. NARCISA HENDRICKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2616 W BERTONA ST

City SEATTLE State WA Zip Code 98199-2210

FEC ID number of contributing federal political committee. **C**

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **261.00**

Date of Receipt: **10 / 26 / 2015**  
Transaction ID : **SA11.16037151**

Amount of Each Receipt this Period: **25.00**

CONTRIBUTION

**B. MR. SAM L. HENDRIX**  
Full Name (Last, First, Middle Initial)

Mailing Address 2200 N E 140TH APT B11

City EDMOND State OK Zip Code 73013-5790

FEC ID number of contributing federal political committee. **C**

Name of Employer: **RETIRED** Occupation: **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt: **10 / 21 / 2015**  
Transaction ID : **SA11.16034698**

Amount of Each Receipt this Period: **100.00**

CONTRIBUTION

**C. MR. SAM L. HENDRIX**  
Full Name (Last, First, Middle Initial)

Mailing Address 2200 N E 140TH APT B11

City EDMOND State OK Zip Code 73013-5790

FEC ID number of contributing federal political committee. **C**

Name of Employer: **RETIRED** Occupation: **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt: **10 / 30 / 2015**  
Transaction ID : **SA11.16040391**

Amount of Each Receipt this Period: **150.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **275.00**

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

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

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

FOR LINE NUMBER: PAGE 223 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MARK W. HENNESSY**  
 Mailing Address 4272 GARMON ROAD  
 City ATLANTA State GA Zip Code 30327-3834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation SALESMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16043194**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. GRACE HENRY**  
 Mailing Address 6555 GREEN SPARROW LN  
 City N. LAS VEGAS State NV Zip Code 89084-2235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033741**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. LOIS R. HENTON**  
 Mailing Address 4700 SW HOLLYHOCK CIR APT 313  
 City CORVALLIS State OR Zip Code 97333-1489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030890**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2560.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 224 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. BJORNAR K. HERMANSEN**  
 Mailing Address 205 HACIENDA DR.  
 City State Zip Code  
 MERRITT ISLAND FL 32952-6410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16045872**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. MARK CHRISTOPHER HERMANN**  
 Mailing Address 428 MAPLE LANE  
 City State Zip Code  
 DANVILLE VA 24541-3532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DANVILLE ORTHOPEDIC CLINIC PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027162**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. MARK CHRISTOPHER HERMANN**  
 Mailing Address 428 MAPLE LANE  
 City State Zip Code  
 DANVILLE VA 24541-3532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DANVILLE ORTHOPEDIC CLINIC PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039057**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1350.00  
**TOTAL** This Period (last page this line number only)..... ►



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

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

FOR LINE NUMBER: PAGE 225 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. SIGWULF HERMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 W HAYES ST  
 City SEATTLE State WA Zip Code 98199-4250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030878**  
 Amount of Each Receipt this Period 70.00  
 CONTRIBUTION

**B. FRANCISCO T. HERNANDEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1314 E WABASH ST  
 City BARTOW State FL Zip Code 33830-5146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DODLEY POTMAN INC Occupation LABOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 565.00

Date of Receipt 10 / 21 / 2015  
**Transaction ID : SA11.16034843**  
 Amount of Each Receipt this Period 45.00  
 CONTRIBUTION

**C. FRANCISCO T. HERNANDEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1314 E WABASH ST  
 City BARTOW State FL Zip Code 33830-5146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DODLEY POTMAN INC Occupation LABOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 565.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037539**  
 Amount of Each Receipt this Period 45.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 226 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MAJ. JERALD J. HERRING USAF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 87 STONEMONT RD  
 City BLUE EYE State MO Zip Code 65611-7270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.1602984**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**B. MR. MICHAEL H. HERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8709 BURNING TREE RD.  
 City BETHESDA State MD Zip Code 20817-3054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN DEFENSE INTERNATIONAL Occupation GOVERNMENT AFFAIRS CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 16000.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16039453**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**C. MRS. LIBBY HERTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 BELL WAVER WAY  
 City OAKLAND State CA Zip Code 94619-2406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16039929**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1055.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 227 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ANNA M. HESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4320 NEWTON ST  
City BRENTWOOD State MD Zip Code 20722-1953  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **360.00**

Date of Receipt **10 / 31 / 2015**  
**Transaction ID : SA11.16040019**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION

**B. MR. CHARLES W. HESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 70 KENDALL DRIVE  
City RINGWOOD State NJ Zip Code 07456-1841  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation NUCLEAR ENGINEER  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : SA11.16039745**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION

**C. MARY HEYDUCK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2810 OAK VALLEY DR.  
City ARLINGTON State TX Zip Code 76016-1734  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 25 / 2015**  
**Transaction ID : SA11.16035641**  
Amount of Each Receipt this Period **25.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **135.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 228 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. PAUL E. HICKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2720 GEORGETOWNE DR

City HIGHLAND	State IN	Zip Code 46322-
------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : SA11.16029647**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B. MS. JENNIFER N. HIGGINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 770 P. ST NW APT. 306

City WASHINGTON	State DC	Zip Code 20001-2543
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CAPITAL HEALTH GROUP, LLC	Occupation PRINCIPAL
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

**Transaction ID : SA11.16038096**

Amount of Each Receipt this Period  
750.00

CONTRIBUTION

**C. MR. KURT G. HILBERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1210 STABLER LN

City YUBA CITY	State CA	Zip Code 95993-2620
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation PRESIDENT
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

**Transaction ID : SA11.16036306**

Amount of Each Receipt this Period  
-225.00

CONTRIBUTION

CHARGED BACK

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 229 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOSEPH HILGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4312 HONEYBELL RIDGE CT  
 City VALRICO State FL Zip Code 33596-5567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2015  
**Transaction ID : SA11.16029410**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. RICHARD D. HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10101 TRINITY LANE  
 City MANASSAS State VA Zip Code 20110-6019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036246**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. RICHARD D. HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10101 TRINITY LANE  
 City MANASSAS State VA Zip Code 20110-6019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036724**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 230 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. STEPHEN ALLEN HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14900 GAILLARDIA DRIVE  
 City OKLAHOMA CITY State OK Zip Code 73142-1832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039242**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. VIRGINIA HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1704 SE 58TH CT  
 City HILLSBORO State OR Zip Code 97123-6267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11.16032599**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. W. S. HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3019 ROBINSON RD  
 City MISSOURI CITY State TX Zip Code 77459-3229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : SA11.16024874**  
 Amount of Each Receipt this Period  
 110.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 610.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 231 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. CHRISTOPHER HINKLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 319 WEST 48TH STREET APT. 211

City NEW YORK	State NY	Zip Code 10036-1331
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED
----------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

**Transaction ID : SA11.16034483**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

**B. MR. CHRISTOPHER HINKLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 319 WEST 48TH STREET APT. 211

City NEW YORK	State NY	Zip Code 10036-1331
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED
----------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : SA11.16038716**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

**C. MS. STACY HOCK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3331 WESTLAKE DRIVE

City AUSTIN	State TX	Zip Code 78746-1901
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHILANTHROPIST
-----------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

**Transaction ID : SA11.16036298**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25030.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 232 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DAVID E. HOCKER**

Mailing Address 1901 FREDERICA STREET

City State Zip Code  
OWENSBORO KY 42301-4818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED RETAIL DEVELOPER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036271**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ROY F. HODGES**

Mailing Address P.O. BOX 663

City State Zip Code  
DUMAS MS 38625-0663

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
785.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040577**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ADELE HODGSON**

Mailing Address 9253 ROCKY MESA PL

City State Zip Code  
WEST HILLS CA 91304-1221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030514**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

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



**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)	PAGE 233 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. ADELE HODGSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9253 ROCKY MESA PL  
City WEST HILLS State CA Zip Code 91304-1221  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2015  
Transaction ID : SA11.16034854  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. MS. ADELE HODGSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9253 ROCKY MESA PL  
City WEST HILLS State CA Zip Code 91304-1221  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2015  
Transaction ID : SA11.16036514  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. MR. LESLIE HOFFMANN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 104 N PORTER DR.  
City RICHMOND State KY Zip Code 40475-2318  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 26 / 2015  
Transaction ID : SA11.16036747  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 234 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MICKEY HOFFMAN**  
 Mailing Address 10183 GRATON RD.  
 City State Zip Code  
 SEBASTOPOLE CA 95472-9305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045768**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. CONSTANCE B. HOFKIN**  
 Mailing Address 4100 GALT OCEAN DR.  
 APT 1101  
 City State Zip Code  
 FT LAUDERDALE FL 33308-6029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2015  
**Transaction ID : SA11.16035600**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. BETTY W. HOLCOMBE**  
 Mailing Address 4726 KELSEY RD  
 City State Zip Code  
 DALLAS TX 75229-6506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030538**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 235 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. MICHELE HOLCOMB**  
 Mailing Address **S6 W31550 CHRISTOPHER WAY**  
 City State Zip Code  
**DELAFIELD WI 53018-3243**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**NA NA**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**10 / 22 / 2015**  
**Transaction ID : SA11.16045767**  
 Amount of Each Receipt this Period  
**250.00**  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MR. BILL HOLDEN**  
 Mailing Address **4467 PLANTATION DR.**  
 City State Zip Code  
**FAIR OAKS CA 95628-5638**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**RETIRED RETIRED**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**1900.00**

Date of Receipt  
**10 / 09 / 2015**  
**Transaction ID : SA11.16029748**  
 Amount of Each Receipt this Period  
**100.00**  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MS. CLAUDIA D. HOLDER**  
 Mailing Address **12433 W DR. MEYER ST**  
 City State Zip Code  
**BOISE ID 83713-1403**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**RETIRED RETIRED**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : SA11.16040598**  
 Amount of Each Receipt this Period  
**150.00**  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **275.00**  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 236 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JEANETTE HOLERS**

Mailing Address 140 CAPRI DR.

City State Zip Code  
NAPOLEON OH 43545-2222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
555.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SA11.16033136**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JIM W. HOLLAND**

Mailing Address 237 NE KINGWOOD CT

City State Zip Code  
MCMINNVILLE OR 97128-9090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SA11.16035733**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. RUSSELL HOLLINGER**

Mailing Address 4193 SIEGRIST RD

City State Zip Code  
MOUNT JOY PA 17552-8417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SA11.16035957**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 370.00

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

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

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

FOR LINE NUMBER: PAGE 237 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DAN HOLLOWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1715 RED OAK LN  
 City ALBANY State GA Zip Code 31701-1350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MODERN GHS COMPANY, INC Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16027159**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. JACK HOLMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3026 SALEM MEADOWS DR. SW  
 City ROCHESTER State MN Zip Code 55902-2847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031478**  
 Amount of Each Receipt this Period 20.00  
 CONTRIBUTION

**C. JACK HOLMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3026 SALEM MEADOWS DR. SW  
 City ROCHESTER State MN Zip Code 55902-2847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16041163**  
 Amount of Each Receipt this Period 30.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 238 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DAVID EARL HOLWERDA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 BRETON WOODS DR. SE UNIT 2035  
 City KENTWOOD State MI Zip Code 49512-9128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 388.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040992**  
 Amount of Each Receipt this Period 45.00  
 CONTRIBUTION

**B. MR. ARTHUR HOM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34-15 74TH STREET 5K  
 City JACKSON HEIGHTS State NY Zip Code 11372-2176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ECHOTRADE, LLC Occupation TRADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16045766**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MR. JACK N. HON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1063  
 City REDDING CENTER State CT Zip Code 06875-1063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation SEMI RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027912**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 239 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. MS. EDITH HONAKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 107 TITLOW AVENUE  
City OAK HILL State WV Zip Code 25901-2539  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 23 / 2015**  
**Transaction ID : SA11.16035863**  
Amount of Each Receipt this Period **45.00**  
CONTRIBUTION

**B. MR. SCOTT JAMES HOPKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 140 WILLIAMSBURG LN  
City FORT WORTH State TX Zip Code 76107-1738  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ACE ANESTHESIOLOGY Occupation PARTNER  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 26 / 2015**  
**Transaction ID : SA11.16036875**  
Amount of Each Receipt this Period **250.00**  
CONTRIBUTION

**C. MRS. FLORENCE HORGAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32865 COUNTY RD. 17  
City WOODLAND State CA Zip Code 95695-9242  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 14 / 2015**  
**Transaction ID : SA11.16031715**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **395.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 240 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. LAWRENCE S. HORTON**  
 Mailing Address 1122 SPRING ST #318  
 City State Zip Code  
 MEDFORD OR 97504-2202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026842**  
 Amount of Each Receipt this Period  
 400.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DONALD L. HOSTETTER**  
 Mailing Address 1286 VICKERY LN  
 City State Zip Code  
 LANCASTER PA 17601-4591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034254**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. THOMAS K. HOUCHINS**  
 Mailing Address 4502 SAWGRASS CIR.  
 City State Zip Code  
 BAYTOWN TX 77521-3163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030881**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 241 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. THELMA E. HOUNIHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2163 NW MAST PL APT B  
 City State Zip Code  
 LINCOLN CITY OR 97367-4048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034640**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**B. MS. THELMA E. HOUNIHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2163 NW MAST PL APT B  
 City State Zip Code  
 LINCOLN CITY OR 97367-4048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036592**  
 Amount of Each Receipt this Period  
 130.00  
 CONTRIBUTION

**C. MRS. RUTH S. HOVDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4200 40TH. AVE N APT. 221  
 City State Zip Code  
 MINNEAPOLIS MN 55422-2276  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033260**  
 Amount of Each Receipt this Period  
 15.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 295.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 242 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. DIANE HOWARD-SHERMAN**

Mailing Address **682 LAKE FOREST**

City State Zip Code  
**CANYON LAKE TX 78133-4439**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**HOMEMAKER HOMEMAKER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**10 / 05 / 2015**

**Transaction ID : SA11.16045381**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JOHN HOWLETT**

Mailing Address **1115 BRUSH ROAD NE**

City State Zip Code  
**MINERVA OH 44657-9755**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**220.00**

Date of Receipt  
**10 / 09 / 2015**

**Transaction ID : SA11.16030223**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. BESSIE HUDGINS**

Mailing Address **479 MCGEHEE RD SE**

City State Zip Code  
**MEADVILLE MS 39653-7311**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**10 / 19 / 2015**

**Transaction ID : SA11.16033128**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 243 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. BERT HUEBNER**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 566

City BAY CITY	State TX	Zip Code 77404-0566
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>400.00</b>	

Date of Receipt  
**10 / 06 / 2015**  
Transaction ID : **SA11.16027610**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

**B. MR. PETER R. HUESY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7526 CODDLE HARBOR LANE

City POTOMAC	State MD	Zip Code 20854-3249
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PRH & COMPANY	Occupation DEFENSE ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

Date of Receipt  
**10 / 18 / 2015**  
Transaction ID : **SA11.16032382**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

**C. MIKE HUETTL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 E FACTORY ST

City SEYMOUR	State WI	Zip Code 54165-1210
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer HUETTL TRUCK	Occupation BUSINESS OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>470.00</b>	

Date of Receipt  
**10 / 13 / 2015**  
Transaction ID : **SA11.16029630**

Amount of Each Receipt this Period  
**220.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>470.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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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 (Last, First, Middle Initial)  
**A. MR. JARED S. HUFFORD**

Mailing Address 384 W HIGH ST

City State Zip Code  
JEFFERSONVILLE OH 43128-9749

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DO IT BEST CORP. MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : SA11.16024936**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JARED S. HUFFORD**

Mailing Address 384 W HIGH ST

City State Zip Code  
JEFFERSONVILLE OH 43128-9749

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DO IT BEST CORP. MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039633**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. MABEL L. HUGGINS**

Mailing Address 1371 CLAYTON AVE

City State Zip Code  
WILLIAMSPORT PA 17701-3851

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027600**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. MABEL L. HUGGINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1371 CLAYTON AVE  
 City WILLIAMSPORT State PA Zip Code 17701-3851  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030994**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MR. LYLE W. HUGHART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15515 DAN PATCH DRIVE  
 City PLAINFIELD State IL Zip Code 60544-2440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2015  
**Transaction ID : SA11.16026378**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MRS. ELLA O. HUGHES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 606 COUNTRY CLUB RD  
 City SEARCY State AR Zip Code 72143-7016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16033300**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. ELLA O. HUGHES**  
 Mailing Address 606 COUNTRY CLUB RD  
 City State Zip Code  
 SEARCY AR 72143-7016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040987**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. KEN HUGHEN**  
 Mailing Address 928 JUSTIN DR.  
 City State Zip Code  
 YUKON OK 73099-2150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 A-1 FREEMAN MOVING GROUP CORP SALES  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : SA11.16024960**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. KEN HUGHEN**  
 Mailing Address 928 JUSTIN DR.  
 City State Zip Code  
 YUKON OK 73099-2150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 A-1 FREEMAN MOVING GROUP CORP SALES  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2015  
**Transaction ID : SA11.16035564**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. GABRIELLE HUIZAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14062 HAWES ST  
 City State Zip Code  
 WHITTIER CA 90605-2628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033410**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**B. HELEN HUK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 172 KENT ST APT 2R  
 City State Zip Code  
 BROOKLYN NY 11222-2124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033005**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**C. MRS. NADINE B. HUMMEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4224 LOS COCHES WAY  
 City State Zip Code  
 SACRAMENTO CA 95864-5242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028607**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 205.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 248 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. CLARICE HUNTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 423 HALSEY ST #1

City BROOKLYN State NY Zip Code 11233-1014

FEC ID number of contributing federal political committee. **C**

Name of Employer ROBERTS & FLORA Occupation SELF-EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035055**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**B. KENNETH L. HUNTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2210 EXECUTIVE DR. APT 303

City HAMPTON State VA Zip Code 23666-6605

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037631**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

**C. CLAUDIA HUNTINGTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 319 LIMESTONE CREEK

City SAN ANTONIO State TX Zip Code 78232-3503

FEC ID number of contributing federal political committee. **C**

Name of Employer CAPITAL GROUP Occupation INVESTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039513**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5300.00

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



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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HERBERT ERNEST HURD**  
 Mailing Address 3809 WYATT LANE  
 City State Zip Code  
 TEXARKANA TX 75503-1455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HURD TRANSPORTATION OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2015  
**Transaction ID : SA11.16029240**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. THOMAS O. HURD**  
 Mailing Address 801 SPYGLASS DRIVE  
 City State Zip Code  
 BEDFORD IN 47421-9295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 545.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16038304**  
 Amount of Each Receipt this Period  
 110.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOHN W. HUSHEN**  
 Mailing Address P.O. BOX 443  
 City State Zip Code  
 ELLICOTTVILLE NY 14731-0443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035777**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 250 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. JACQUELINE LEE HUTCHINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 924 GAINSBOROUGH CT  
City BEL AIR State MD Zip Code 21014-6963  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 16 / 2015  
**Transaction ID : SA11.16031910**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION

**B. MS. JACQUELINE LEE HUTCHINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 924 GAINSBOROUGH CT  
City BEL AIR State MD Zip Code 21014-6963  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16032715**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION

**C. NEDRA HUTCHINSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1104 NW 11TH ST  
City ANDREWS State TX Zip Code 79714-3107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031642**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 251 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DAVE HUTTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1225 EAST 6TH ST.  
 City MOSCOW State ID Zip Code 83843-3705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SHORT'S FUNERAL CHAPEL MORTICIAN/OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : SA11.16040014**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MS. LILY HWA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 MCLELLAN DR.  
 City SOUTH SAN FRANCISCO State CA Zip Code 94080-7520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 705.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2015  
**Transaction ID : SA11.16029381**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

**C. MS. LILY HWA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 MCLELLAN DR.  
 City SOUTH SAN FRANCISCO State CA Zip Code 94080-7520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 705.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16038140**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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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 (Last, First, Middle Initial)  
**A. MR. OLIN V. HYDE**  
 Mailing Address 36 MAJOR GINTER CT  
 City State Zip Code  
 RICHMOND VA 23227-3354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16037221**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. EDNA W. HYLTON**  
 Mailing Address 201 LAUREL CT  
 City State Zip Code  
 STUART VA 24171-1598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 521.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11.16026178**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. EDNA W. HYLTON**  
 Mailing Address 201 LAUREL CT  
 City State Zip Code  
 STUART VA 24171-1598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 521.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035150**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. KAISSAR IBRAHIM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O.B 5347  
 City CHARLOTTEVILLE State VA Zip Code 22905-5347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16039713**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MR. ELDEN L. ICE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 62 GOLF CLUB CROSSOVER  
 City CORSSVILLE State TN Zip Code 38571-5727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027608**  
 Amount of Each Receipt this Period 55.00  
 CONTRIBUTION

**C. MS. SHARON D. IGOU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 5384  
 City BELLA VISTA State AR Zip Code 72714-0384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035390**  
 Amount of Each Receipt this Period 110.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 190.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 254 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DAVID S. IMLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1026 STAPLE DR

City YUBA CITY State CA Zip Code 95991-6133

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 12 / 2015  
**Transaction ID : SA11.16029480**

Amount of Each Receipt this Period 40.00

CONTRIBUTION

**B. MARSAVELA IONEL**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1548

City LOMA LINDA State CA Zip Code 92354-1548

FEC ID number of contributing federal political committee. **C**

Name of Employer S B LOGISTICS Occupation TRUCK DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16030229**

Amount of Each Receipt this Period 40.00

CONTRIBUTION

**C. MR. JEFF ISOM**  
Full Name (Last, First, Middle Initial)

Mailing Address 4014 COBBLERS LANE

City DALLAS State TX Zip Code 75287-6723

FEC ID number of contributing federal political committee. **C**

Name of Employer PLAINS CAPITAL COPR. Occupation EVP ACCOUNTING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 515.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037436**

Amount of Each Receipt this Period 50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 130.00

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

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

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

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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 (Last, First, Middle Initial)  
**A. MR. DONALD IVERS**

Mailing Address 1511 PAUL SPRING PARKWAY

City State Zip Code  
ALEXANDRIA VA 22308-1143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 31 / 2015  
**Transaction ID : SA11.16040008**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. CHARLES C. IVES**

Mailing Address 4 PAGE RD

City State Zip Code  
MARBLEHEAD MA 01945-2924

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034259**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DONALD JACKSON**

Mailing Address 916 STOVALL BLVD NE

City State Zip Code  
ATLANTA GA 30319-1223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16045871**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1125.00

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

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. ELIZABETH E. JACKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 169 KINGFISHER CIR  
 City POOLER State GA Zip Code 31322-9763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16039624**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. ARTHUR L. JACOBY USA RET.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2609 CHIMNEY ROCK RD  
 City HUNTSVILLE State TX Zip Code 77320-3704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16029694**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MR. ROBERT JAFFEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 WOODLEY RD  
 City WINNETKA State IL Zip Code 60093-3737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040839**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 257 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. LOREN JAHN**

Mailing Address 13149 NORTH COUNTRY CLUB COURT

City PALOS HEIGHTS State IL Zip Code 60463-2727

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037618**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. LOURDES C. JARDINES**

Mailing Address 9311 SW 4TH ST APT 221

City MIAMI State FL Zip Code 33174-2274

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030845**

Amount of Each Receipt this Period  
15.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. LOURDES C. JARDINES**

Mailing Address 9311 SW 4TH ST APT 221

City MIAMI State FL Zip Code 33174-2274

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036513**

Amount of Each Receipt this Period  
15.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	280.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 258 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JERRY W. JARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 KINGS HILL LN  
 City HUMBLE State TX Zip Code 77346-4041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027954**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MR. JERRY W. JARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20279 SUNNY SHORES DRIVE #8  
 City HUMBLE State TX Zip Code 77346-1769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1075.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027724**  
 Amount of Each Receipt this Period 125.00  
 CONTRIBUTION

**C. MR. JERRY W. JARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20279 SUNNY SHORES DRIVE #8  
 City HUMBLE State TX Zip Code 77346-1769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1075.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040670**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 259 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. PROF. GARY JASON**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 VIA DEL TESORO

City SAN CLEMENTE	State CA	Zip Code 92673-2741
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CREATIVE COMMUNICATIONS COMM	Occupation SALESMAN
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : SA11.16030669**

Amount of Each Receipt this Period  

6	5	4	3	2	1	0	.	0	0
								2	5

**25.00**

CONTRIBUTION

**B. FREDERICK JASPERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 31 DOUBLING ROAD

City GREENWICH	State CT	Zip Code 06830-4845
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED
----------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : SA11.16039702**

Amount of Each Receipt this Period  

6	5	4	3	2	1	0	.	0	0
								5	0

**50.00**

CONTRIBUTION

**C. MR. RICHARD JATCZAK**  
Full Name (Last, First, Middle Initial)

Mailing Address 7350 S LOVER LANE RD #431

City FRANKLIN	State WI	Zip Code 53132-1839
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

**Transaction ID : SA11.16035032**

Amount of Each Receipt this Period  

6	5	4	3	2	1	0	.	0	0
								6	0

**60.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>135.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 260 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. RADELL JEAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1205 W ELDER AVE  
City DUNCAN State OK Zip Code 73533-4000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027957**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**B. MRS. RADELL JEAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1205 W ELDER AVE  
City DUNCAN State OK Zip Code 73533-4000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035846**  
Amount of Each Receipt this Period 40.00  
CONTRIBUTION

**C. MR. DANIEL JEFFS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19841 HAIDA ROAD  
City APPLE VALLEY State CA Zip Code 92307-5528  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WHITE HORSE PUBLISHING Occupation PUBLISHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16032647**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 261 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. EVELYN JENKINS**  
 Mailing Address 530 E. PARKWAY COURT  
 City State Zip Code  
 BOISE ID 83706-6523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036662**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RICHARD J. JENKINS**  
 Mailing Address 5601 W 24TH ST  
 City State Zip Code  
 GREELEY CO 80634-4532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FLOOD AND PETERSON INSURANCE AGENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027447**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MICHAEL JENNINGS**  
 Mailing Address 2600 E MARSHALL AVE  
 City State Zip Code  
 LONGVIEW TX 75601-5923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED RECYCLE BUSINESS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16028957**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 262 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DAVID JINKENS**  
 Mailing Address P.O. BOX 8066  
 City SOUTH LAKE TAHOE State CA Zip Code 96158-1066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **10 / 05 / 2015**  
**Transaction ID : SA11.16026612**  
 Amount of Each Receipt this Period **125.00**  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DONALD E. JOCELYN**  
 Mailing Address 139 N BELMONT ST  
 City GLENDALE State CA Zip Code 91206-4418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RALPH'S GROCERY STORE Occupation DEPT. MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **10 / 28 / 2015**  
**Transaction ID : SA11.16038312**  
 Amount of Each Receipt this Period **30.00**  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MISS THEA JOHANNSEN**  
 Mailing Address 2935 BAISLEY AVE  
 City BRONX State NY Zip Code 10461-6122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYPD Occupation SPAA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 13 / 2015**  
**Transaction ID : SA11.16029634**  
 Amount of Each Receipt this Period **100.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **255.00**  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 263 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. CUMMINS JOHN**  
 Mailing Address 2504 FAIRWAY VILLAGE DR.  
 City State Zip Code  
 PARK CITY UT 84060-7020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SMITH'S GROCERY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : SA11.16045628**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. DENISE JOHN**  
 Mailing Address 1205 WILLIAMSBURG WAY  
 City State Zip Code  
 CHARLESTON WV 25314-1937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026476**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ANN JOHNSON**  
 Mailing Address 10306 CANDLEWOOD DR.  
 City State Zip Code  
 HOUSTON TX 77042-1522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031114**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 264 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. DOROTHY W. JOHNSON**  
 Mailing Address 4221 PATRICK DRIVE  
 City State Zip Code  
 CORPUS CHRISTI TX 78413-3413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030731**  
 Amount of Each Receipt this Period  
 55.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JOAN H. JOHNSON**  
 Mailing Address 39 TOWER HILL RD APT 12T  
 City State Zip Code  
 OSTERVILLE MA 02655-1659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037577**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOHN A. JOHNSON**  
 Mailing Address 3926 N 94TH ST  
 City State Zip Code  
 OMAHA NE 68134-3926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033817**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 330.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 265 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JONI JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8280 164TH AVE NE #517  
 City KIRKLAND State WA Zip Code 98052-5188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16031150**  
 Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

**B. MRS. MARGARET E. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52 MISSIONARY RD  
 City CROMWELL State CT Zip Code 06416-2170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11.16026173**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**C. MR. MARK L. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 OAK TREE LN  
 City SCHENECTADY State NY Zip Code 12309-1801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026806**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 266 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MARK L. JOHNSON**

Mailing Address 3 OAK TREE LN

City State Zip Code  
SCHENECTADY NY 12309-1801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037606**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MURIEL JOHNSON**

Mailing Address 450 HOPKINS RD

City State Zip Code  
SACRAMENTO CA 95864-5656

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037555**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. TERRY JOHNSON**

Mailing Address 7535 UTOPIA PKWY

City State Zip Code  
FRESH MEADOWS NY 11366-1500

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033552**

Amount of Each Receipt this Period  
60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 310.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 267 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. TODD JOHNSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 721 RIDGEWOOD ROAD

City DULUTH	State MN	Zip Code 55804-1732
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CAPSTAN CORPORATION	Occupation BUSINESSMAN
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

**Transaction ID : SA11.16029170**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B. MR. TODD JOHNSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 721 RIDGEWOOD ROAD

City DULUTH	State MN	Zip Code 55804-1732
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CAPSTAN CORPORATION	Occupation BUSINESSMAN
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

**Transaction ID : SA11.16035489**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C. V. JOHNSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1457 SMYTH RD

City MOUNT VERNON	State IA	Zip Code 52314-9540
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

**Transaction ID : SA11.16034273**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 268 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. FAYE JOINER**

Mailing Address 35237 WELLS RD

City COARSEGOLD State CA Zip Code 93614-9516

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027937**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. BETTY JONES**

Mailing Address 1821 CHASTAIN PKWY E

City PACIFIC PALISADES State CA Zip Code 90272-1937

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037909**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. CHARLES F. JONES**

Mailing Address 2945 ROSEBUD RD APT 204

City LOGANVILLE State GA Zip Code 30052-8972

FEC ID number of contributing federal political committee. **C**

Name of Employer CUSTOM DESIGN INC Occupation FIRE PROTECTION DESIGNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
935.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028633**

Amount of Each Receipt this Period  
 235.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	385.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 269 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. CHARLES F. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 2945 ROSEBUD RD APT 204

City LOGANVILLE	State GA	Zip Code 30052-8972
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CUSTOM DESIGN INC	Occupation FIRE PROTECTION DESIGNER
---------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
935.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : SA11.16040665**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**B. CHRIS JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3507 BROADRUN DRIVE

City FAIRFAX	State VA	Zip Code 22033-2164
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FERGUSON STRATEGIES, LLC	Occupation PRESIDENT
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

**Transaction ID : SA11.16032696**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C. MR. JAMES H. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 17011 OKETO AVE

City TINLEY PARK	State IL	Zip Code 60477-2629
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2015

**Transaction ID : SA11.16027906**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	585.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 270 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. KATHLEEN JONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2590 NICHOLSON DR.  
 City SUMTER State SC Zip Code 29153-7543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034809**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**B. MS. LINDA JONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23710 COLLINFORD CT  
 City KATY State TX Zip Code 77494-4509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16045842**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MS. LINDA JONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23710 COLLINFORD CT  
 City KATY State TX Zip Code 77494-4509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16045843**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 271 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. LYLE W. JONES**

Mailing Address 7808 18TH. AVE W

City BRADENTON State FL Zip Code 34209-4802

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027004**

Amount of Each Receipt this Period  
 40.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. LYLE W. JONES**

Mailing Address 7808 18TH. AVE W

City BRADENTON State FL Zip Code 34209-4802

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16030107**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MARION THERESA JONES**

Mailing Address 21406 WATERFORD PL

City WEST LINN State OR Zip Code 97068-9716

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16038257**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00

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

**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)	PAGE 272 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. SIDNEY JONES**

Mailing Address P.O. BOX 1267

City CLAREMONT State CA Zip Code 91711-1267

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 12 / 2015**

**Transaction ID : SA11.16029487**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. THOMAS C. JONES**

Mailing Address 4831 SW PARKGATE BLVD

City PALM CITY State FL Zip Code 34990-4416

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : SA11.16041177**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. BARBARA JORDAN**

Mailing Address 10 BRENTWOOD RD

City CAPE ELIZABETH State ME Zip Code 04107-2210

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 26 / 2015**

**Transaction ID : SA11.16036388**

Amount of Each Receipt this Period  
**30.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **730.00**

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



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

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

FOR LINE NUMBER: PAGE 273 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. LT COL HORACE RICHARD JORDAN SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 705  
 City State Zip Code  
 COLUMBIA MS 39429-0705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028070**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. MRS. MARGUERITE S. JORDAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 611 POINSETTIA AVE  
 City State Zip Code  
 CORONA DEL MAR CA 92625-2531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028467**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

**C. MRS. MARGUERITE S. JORDAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 611 POINSETTIA AVE  
 City State Zip Code  
 CORONA DEL MAR CA 92625-2531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16030225**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 274 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. MARGUERITE S. JORDAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 611 POINSETTIA AVE  
 City CORONA DEL MAR State CA Zip Code 92625-2531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037918**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**B. MS. KELLY JUDD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5101 E LE MARCHE  
 City SCOTTSDALE State AZ Zip Code 85254-1668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16045775**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MR. DONALD L. JUILLARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 06747 COUNTY ROAD 19  
 City STRYKER State OH Zip Code 43557-9760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 705.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16027342**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 275 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DONALD L. JUILLARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 06747 COUNTY ROAD 19  
 City STRYKER State OH Zip Code 43557-9760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 705.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16036015**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. WILLARD T. JURGENSMEYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1512 SW 6TH ST  
 City LEES SUMMIT State MO Zip Code 64081-2443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040392**  
 Amount of Each Receipt this Period 5.00  
 CONTRIBUTION

**C. MR. DAN KAELIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3792 BROOK VALLEY CIRCLE  
 City STOCKTON State CA Zip Code 95219-2405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027471**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# 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)	PAGE 276 OF 824
<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**

**A. MR. THOMAS KAETZEL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1118 MILL PARK DR. EXT.  
City CHARLOTTEVILLE State VA Zip Code 22901-0803  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **305.00**

Date of Receipt **10 / 21 / 2015**  
**Transaction ID : SA11.16034723**  
Amount of Each Receipt this Period **5.00**  
CONTRIBUTION

**B. MR. DON KAGELE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1568 N. SCHOONOVER ROAD  
City RITZVILLE State WA Zip Code 99169-9778  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DON KAGELE FARMS, INC. Occupation FARMER  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **230.00**

Date of Receipt **10 / 31 / 2015**  
**Transaction ID : SA11.16039985**  
Amount of Each Receipt this Period **10.00**  
CONTRIBUTION

**C. MR. DAVID A. KAHL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1240 NEWBURY DR.  
City COLUMBUS State OH Zip Code 43229-1943  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **790.00**

Date of Receipt **10 / 07 / 2015**  
**Transaction ID : SA11.16027531**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>115.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 277 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ROBERT MICHAEL KAIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5006 LODENBERRY CT  
City KATY State TX Zip Code 77494-4674  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 10 / 02 / 2015  
**Transaction ID : SA11.16026278**  
Amount of Each Receipt this Period 200.00  
CONTRIBUTION

**B. MR. PETER S. KALIKOW**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 PARK AVENUE 25TH FLOOR  
City NEW YORK State NY Zip Code 10178-0002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer H.J. KALIKOW & COMPANY Occupation REAL ESTATE EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 40200.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16038073**  
Amount of Each Receipt this Period 33400.00  
CONTRIBUTION  
REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**C. BONNIE L. KALITA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2455 CITY VIEW CT  
City LINCOLN State NE Zip Code 68521-4154  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 21 / 2015  
**Transaction ID : SA11.16034492**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 33625.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 278 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. RAYMOND KALOUCHE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2775 SUTTON PLACE  
City DOYLESTOWN State PA Zip Code 18902-6628  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TCIMS Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038603**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**B. MS. JANET G. KAMMERER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1755 FRANCHTOWN RD  
City PORT DEPOSIT State MD Zip Code 21904-1903  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 540.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16029696**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**C. PATRICIA KAMPFE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3224 ROCK WOOD LANE W  
City ESTES PARK State CO Zip Code 80517-6804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16029167**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. PATRICIA KAMPFE**  
 Mailing Address 3224 ROCK WOOD LANE W  
 City State Zip Code  
 ESTES PARK CO 80517-6804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037487**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JAMES KARTEN**  
 Mailing Address P.O. BOX 3241  
 City State Zip Code  
 SIERRA VISTA AZ 85636-3241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 308.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034093**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JAMES KARTEN**  
 Mailing Address P.O. BOX 3241  
 City State Zip Code  
 SIERRA VISTA AZ 85636-3241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 308.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035954**  
 Amount of Each Receipt this Period  
 55.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 280 OF 824
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. HOWERTON KATH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1476  
 City RANCHO SANTA FE State CA Zip Code 92067-1476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16045630**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**B. MARVIN D. KAYS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 102  
 City MORAN State TX Zip Code 76464-0102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036658**  
 Amount of Each Receipt this Period 30.00  
 CONTRIBUTION

**C. MR. TERRENCE R. KEELEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 W 70TH ST APT 2  
 City NEW YORK State NY Zip Code 10023-4643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BLACK ROCK Occupation MANAGING PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16039148**  
 Amount of Each Receipt this Period 25000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 26030.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 281 OF 824
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. JANIS C. KEENE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7078 E 52ND PL  
 City TULSA State OK Zip Code 74145-7725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16030005**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**B. MS. MARTHA KEFFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4275 OLD MILLTOWN RD  
 City NASHVILLE State GA Zip Code 31639-7348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035313**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MS. VIRGINIA KEIM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 N 16TH ST  
 City MEXICO BEACH State FL Zip Code 32456-0287  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035351**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 282 OF 824  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT KELLNER**  
 Mailing Address 4625 SE 41ST ST  
 City State Zip Code  
 OKLAHOMA CITY OK 73115-3754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031374**  
 Amount of Each Receipt this Period  
 60.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ROBERT KELLNER**  
 Mailing Address 4625 SE 41ST ST  
 City State Zip Code  
 OKLAHOMA CITY OK 73115-3754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036865**  
 Amount of Each Receipt this Period  
 60.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. PAUL KELLY**  
 Mailing Address 44930 VIA RENAISSANCE  
 City State Zip Code  
 TEMECULA CA 92590-3386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 THE HOME DEPOT STORE MANAGER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2015  
**Transaction ID : SA11.16032226**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. THOMAS S. KENAN III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 4150  
 City CHAPEL HILL State NC Zip Code 27515-4150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037511**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**B. MR. DEAN M. KENNEDY III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1004 S SIERRA VISTA AVE  
 City ALHAMBRA State CA Zip Code 91801-4818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 21 / 2015  
**Transaction ID : SA11.16034577**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MR. DONALD KENNELLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 CHATHAM PARK DR. APT 2D  
 City PITTSBURGH State PA Zip Code 15220-2101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16033445**  
 Amount of Each Receipt this Period 20.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 320.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT KENNEDY**  
 Mailing Address 4 JASON CT  
 City State Zip Code  
 SCOTCH PLAINS NJ 07076-2857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027756**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOHN G. KENT**  
 Mailing Address 58816 E STATE HIGHWAY 96  
 City State Zip Code  
 BOONE CO 81025-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16037016**  
 Amount of Each Receipt this Period  
 125.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. NORMAN M. KENYON**  
 Mailing Address 9855 SW 69TH AVE.  
 City State Zip Code  
 MIAMI FL 33156-3051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028384**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT E. KEPPEL**  
 Mailing Address 5045 PARK TER.  
 City State Zip Code  
 MINNEAPOLIS MN 55436-1098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 602.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026647**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. BARBARA W. KERR**  
 Mailing Address 501 MINGO TRL  
 City State Zip Code  
 JOHNSONVILLE SC 29555-3407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036652**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. MARILYN KESSLER**  
 Mailing Address 18 RED POINCIANA DR.  
 City State Zip Code  
 FORT MYERS FL 33908-1888  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2015  
**Transaction ID : SA11.16032250**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. PAULINE KEY**  
 Mailing Address 2119 S HAMPTON AVE  
 City State Zip Code  
 SPRINGFIELD MO 65807-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033079**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DAVID R. KING**  
 Mailing Address 10707 WYNSPIRE WAY  
 City State Zip Code  
 LITTLETON CO 80130-6922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DCP MIDSTREAM SR. DIRECTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032634**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. MARY LOUISE KING**  
 Mailing Address 13802 N 109TH AVE  
 City State Zip Code  
 SUN CITY AZ 85351-2582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027201**  
 Amount of Each Receipt this Period  
 60.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 287 OF 824  
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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. MARY LOUISE KING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13802 N 109TH AVE  
 City SUN CITY State AZ Zip Code 85351-2582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035932**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**B. WILLIAM P. KING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2850 SOUTH OCEAN BLVD., #502  
 City PALM BEACH State FL Zip Code 33480-6248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16027055**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. WILLIAM P. KING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2850 SOUTH OCEAN BLVD., #502  
 City PALM BEACH State FL Zip Code 33480-6248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040817**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 530.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. KATHERINE S. KIRBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2924 S 122ND ST  
 City OMAHA State NE Zip Code 68144-3934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 02 / 2015  
**Transaction ID : SA11.16026200**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MRS. KATHERINE S. KIRBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2924 S 122ND ST  
 City OMAHA State NE Zip Code 68144-3934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16029770**  
 Amount of Each Receipt this Period 15.00  
 CONTRIBUTION

**C. MR. LEONARD M. KIRK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 HUNTER DRIVE  
 City BEL AIR State MD Zip Code 21014-3934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16026916**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 190.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 289 OF 824  
(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. FREDERICK S. KIRKPATRICK**  
 Mailing Address 23020 N PADARO DR  
 City State Zip Code  
 SUN CITY WEST AZ 85375-1625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11.16033833**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. CHARLES KIRNON**  
 Mailing Address 7228 CHERRY LAUREL DR.  
 City State Zip Code  
 ORLANDO FL 32835-1043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16037168**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. C. WILLIAM KLAUSMAN**  
 Mailing Address 2746 BLUE HERON DR.  
 City State Zip Code  
 HUDSON OH 44236-1879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028050**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1350.00  
**TOTAL** This Period (last page this line number only)..... ►

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. BRIAN KLEEN**  
 Mailing Address 1215 NOTON CT.  
 City PFLUGERVILLE State TX Zip Code 78660-3805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KING TIGER TECHNOLOGY INC. Occupation HARDWARE DESIGNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030541**  
 Amount of Each Receipt this Period 40.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DON KLEFFNER**  
 Mailing Address 4606 ROUTE E  
 City JEFFERSON CITY State MO Zip Code 65101-9642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034233**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DONALD JEROME KLUK**  
 Mailing Address 11509 PALISADE CT NE  
 City BLAINE State MN Zip Code 55449-3913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 08 / 2015  
**Transaction ID : SA11.16029041**  
 Amount of Each Receipt this Period 30.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 105.00  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 291 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DONALD JEROME KLUK**

Mailing Address 11509 PALISADE CT NE

City State Zip Code  
BLAINE MN 55449-3913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.16035155**

Amount of Each Receipt this Period  
  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RICHARD L. KNOEBEL**

Mailing Address RR 1 BOX 596

City State Zip Code  
ELYSBURG PA 17824-7125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KNOEBEL OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.16033379**

Amount of Each Receipt this Period  
  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. CALVIN ARTHUR KNOKE**

Mailing Address 24 RIVERSIDE DR.

City State Zip Code  
OAK RIDGE TN 37830-9012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.16026598**

Amount of Each Receipt this Period  
  
 CONTRIBUTION

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

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

**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)	PAGE 292 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. CALVIN ARTHUR KNOKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 RIVERSIDE DR.  
 City OAK RIDGE State TN Zip Code 37830-9012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036676**  
 Amount of Each Receipt this Period 40.00  
 CONTRIBUTION

**B. BETTY J. KNOWLTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5990 BELL RD  
 City PATTERSON State GA Zip Code 31557-5829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16027156**  
 Amount of Each Receipt this Period 70.00  
 CONTRIBUTION

**C. MR. MILTON KOCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21204 5TH. AVE S  
 City DES MOINES State WA Zip Code 98198-3631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027592**  
 Amount of Each Receipt this Period 40.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MILTON KOCH**  
 Mailing Address 21204 5TH. AVE S  
 City State Zip Code  
 DES MOINES WA 98198-3631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035754**  
 Amount of Each Receipt this Period  
 40.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOHN KORMOS**  
 Mailing Address 4709 144TH PL NE  
 City State Zip Code  
 MARYSVILLE WA 98271-3409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DOD ELECTRONICS TECH  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16037025**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. BARRY KOTLER**  
 Mailing Address 3405 N. 163RD DRIVE  
 City State Zip Code  
 GOODYEAR AZ 85395-2810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034056**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. JOYCE W. KRENZIN**  
 Mailing Address 669 CHANNEL RIDGE DR.  
 City State Zip Code  
 ROCKWALL TX 75087-6518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028547**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DONALD F. KRESS**  
 Mailing Address P.O. BOX 11564  
 City State Zip Code  
 GREEN BAY WI 54307-1564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036335**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MICHAEL A. KRESSLER**  
 Mailing Address 111 4TH AVENUE SE  
 City State Zip Code  
 GLEN BURNIE MD 21061-3613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 845.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035201**  
 Amount of Each Receipt this Period  
 40.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1075.00  
**TOTAL** This Period (last page this line number only)..... ►

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MICHAEL A. KRESSLER**

Mailing Address 111 4TH AVENUE SE

City State Zip Code  
GLEN BURNIE MD 21061-3613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
845.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036848**

Amount of Each Receipt this Period  
800.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. TED KRETZSCHMAR**

Mailing Address 5011 LONDON WALK

City State Zip Code  
MIAMI FL 33138-2257

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
50STATE SECURITY EXECUTIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045869**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. KENNEH KREYENHAGEN**

Mailing Address 15827 BEAVER RUN RD.

City State Zip Code  
CANYON COUNTRY CA 91387-4004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : SA11.16039820**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

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

**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)	PAGE 296 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. VICTORIA A. KRUG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 MEADOWS CT.  
 City State Zip Code  
 PROPHETSTOWN IL 61277-9359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033221**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. DUANE KUEHN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 436 E. BRANDON DR.  
 City State Zip Code  
 BISMARCK ND 58503-0409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : SA11.16039959**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

**C. MR. PHILIP KUMPE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 237 HUNTERS RUN DRIVE  
 City State Zip Code  
 BENTON AR 72015-6590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STEPHENS,INC. MAIL SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2015  
**Transaction ID : SA11.16029583**  
 Amount of Each Receipt this Period  
 40.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

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(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. ELLYN M. KUNKEL**

Mailing Address 2501 MUSEUM WAY APT 716

City State Zip Code  
FORT WORTH TX 76107-8006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 15 / 2015  
**Transaction ID : SA11.16031127**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MARIA LABRIE**

Mailing Address P.O.BOX 183

City State Zip Code  
WALNUT GROVE CA 95690-0183

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033806**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. PAUL E. LACKE**

Mailing Address 1402 PARIS DR

City State Zip Code  
GODFREY IL 62035-1620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 12 / 2015  
**Transaction ID : SA11.16029484**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 298 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. BILL LAIER**

Mailing Address 7416 ARGENTINE ROAD

City State Zip Code  
HOWELL MI 48855-9236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2015  
**Transaction ID : SA11.16037490**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. LAWRENCE S. LALOR**

Mailing Address 1460 MONTICELLO DRIVE

City State Zip Code  
PINEHURST NC 28374-8715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : SA11.16040471**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ANTOINETTE LANCI**

Mailing Address 63-21-71ST STREET

City State Zip Code  
MIDDLE VILLAGE NY 11379-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2015  
**Transaction ID : SA11.16030623**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1125.00

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

**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)	PAGE 299 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. C. KENNETH LANDRUM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 520 E HOUSTON AVE  
City MCALLEN State TX Zip Code 78501-9021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 08 / 2015  
**Transaction ID : SA11.16029070**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. MRS. ELEONORA M. LANDY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 605 ALMERIA AVE  
City CORAL GABLES State FL Zip Code 33134-5602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HOMEMAKER Occupation HOMEMAKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1025.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034379**  
Amount of Each Receipt this Period 325.00  
CONTRIBUTION

**C. MR. FRANK LANG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 641 EAST CARMEN AVE.  
City FRESNO State CA Zip Code 93728-1714  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038784**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 300 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. FRANK H. LANG</b>		Date of Receipt
Mailing Address 641 E. CARMEN AVE.		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
FRESNO	CA	93728-1714
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.16027918</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR. FRANK H. LANG</b>		Date of Receipt
Mailing Address 641 E. CARMEN AVE.		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
FRESNO	CA	93728-1714
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.16032681</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MRS. BEULAH A. LANNING</b>		Date of Receipt
Mailing Address P.O. BOX 1158		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
SUNDANCE	WY	82729-1158
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.16036982</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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)	PAGE 301 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. BLAIR LARKINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3101 NORTH HAMPTON DRIVE  
APT 1101

City ALEXANDRIA State VA Zip Code 22302-1528

FEC ID number of contributing federal political committee. **C**

Name of Employer BOCKORNY GROUP Occupation GOVERNMENT AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
10 / 29 / 2015  
**Transaction ID : SA11.16038433**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**B. MR. RICK LARSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 15TH ST

City HOOD RIVER State OR Zip Code 97031-1112

FEC ID number of contributing federal political committee. **C**

Name of Employer ROCKY MOUNTAIN ELK FOUNDATION Occupation FISH AND WILDLIFE BIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 23 / 2015  
**Transaction ID : SA11.16035858**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C. MR. WILLIAM C. LAWRENCE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2800 WOODLAKE COURT

City HIGHLAND VILLAGE State TX Zip Code 75077-6496

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3050.00

Date of Receipt  
10 / 18 / 2015  
**Transaction ID : SA11.16032320**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

**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)	PAGE 302 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. RONALD C. LAWSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 121 FREEDOM DR.  
City MONTPELIER State VT Zip Code 05602-3356  
FEC ID number of contributing federal political committee. **C**  
Name of Employer VA CHAPLAINS Occupation ROMAN CATHOLIC PRIEST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 355.00

Date of Receipt 10 / 15 / 2015  
**Transaction ID : SA11.16032069**  
Amount of Each Receipt this Period 70.00  
CONTRIBUTION

**B. MR. CARL E. LAWYER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1423 4TH ST  
City MARYSVILLE State WA Zip Code 98270-5036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RADIAC ABRASIVES Occupation KILN OPERATOR/MANUFACTURING  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 305.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA11.16028560**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**C. MRS. ARTHUR M. LAZARUS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 48 TILLOU RD WEST  
City SOUTH ORANGE State NJ Zip Code 07079-1357  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037389**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 220.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 303 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. WILLIAM LEA**  
 Mailing Address 8 CLIFFWOOD PLACE  
 City State Zip Code  
 SHREVEPORT LA 71106-7703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16045867**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. LUCIA LEBENS**  
 Mailing Address 161 BARRETT PLACE  
 City State Zip Code  
 ALEXANDRIA VA 22304-7763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ACA INTERNATIONAL GOVERNMENT AFFAIRS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037451**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. NICHOLAS M. LECCESE JR.**  
 Mailing Address 31 COBB AVE  
 City State Zip Code  
 WHITE PLAINS NY 10606-3615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ACTVERY ENDURANCE REINSURANCE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040470**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 304 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT E. LEDFORD**

Mailing Address 20419 CRESCENT POINTE RD

City State Zip Code  
ASHBURN VA 20147-5538

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036997**

Amount of Each Receipt this Period  
 300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. EDWARD P. LEE**

Mailing Address 127 S 8TH AVE  
STE C

City State Zip Code  
LA PUENTE CA 91746-3246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ULTIMATE INTERNATIONAL PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026088**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HOWARD J. LEE**

Mailing Address 7849 E MONTE AVE

City State Zip Code  
MESA AZ 85209-6176

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
655.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027585**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 280.00

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



**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)	PAGE 305 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. HOWARD J. LEE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2015
Mailing Address 7849 E MONTE AVE		<b>Transaction ID : SA11.16033925</b>
City MESA State AZ Zip Code 85209-6176	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 70.00
Name of Employer RETIRED Occupation RETIRED	Aggregate Year-to-Date ▼ 655.00	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MS. LORI LEE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 208 S. AKARD		<b>Transaction ID : SA11.16035709</b>
City DALLAS State TX Zip Code 75202-4206	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period -1000.00
Name of Employer AT&T Occupation EXECUTIVE	Aggregate Year-to-Date ▼ 1000.00	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>CHARGED BACK</b>

Full Name (Last, First, Middle Initial) <b>C. MS. MILDRED L. LEE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2015
Mailing Address 1000 W CENTURY AVE APT 205		<b>Transaction ID : SA11.16028464</b>
City BISMARCK State ND Zip Code 58503-0916	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2000.00
Name of Employer RETIRED Occupation RETIRED	Aggregate Year-to-Date ▼ 9000.00	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1070.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 306 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. MILDRED L. LEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 W CENTURY AVE APT 205  
 City BISMARCK State ND Zip Code 58503-0916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 9000.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16039282**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**B. MS. MARGIE LEHMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1257 MARYWOOD LN. APT. 130  
 City HENRICO State VA Zip Code 23229-6055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16037010**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MR. JOHN LEIGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2926 LAUREL PARK HWY.  
 City HENDERSONVILLE State NC Zip Code 28739-8980  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038978**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1150.00  
**TOTAL** This Period (last page this line number only)..... ►

**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)	PAGE 307 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DR. J. W. LEISY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 NORFOLK DR.  
City EASTBOROUGH State KS Zip Code 67208-4425  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation M.D.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16030106**  
Amount of Each Receipt this Period 40.00  
CONTRIBUTION

**B. DR. J. W. LEISY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 NORFOLK DR.  
City EASTBOROUGH State KS Zip Code 67208-4425  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation M.D.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16036047**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**C. DR. J. W. LEISY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 NORFOLK DR.  
City EASTBOROUGH State KS Zip Code 67208-4425  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation M.D.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040941**  
Amount of Each Receipt this Period 40.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 308 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. JANE LEMMONS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6840 ESTRELLA AVE  
City TWENTYNINE PALMS State CA Zip Code 92277-2928  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037732**  
Amount of Each Receipt this Period 200.00  
CONTRIBUTION

**B. CHARLES LENNY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3433 EL RADO CT  
City SARARASOTA State FL Zip Code 34232-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation ENGINEER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 575.00

Date of Receipt 10 / 16 / 2015  
**Transaction ID : SA11.16032156**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**C. MR. HOVER T. LENTZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7501 E THOMPSON PEAK PKWY UNIT 210  
City SCOTTSDALE State AZ Zip Code 85255-4532  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 580.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16041083**  
Amount of Each Receipt this Period 240.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 490.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 309 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. MARGUERITE W. LEOPOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3221 FRUITVILLE RD #103  
 City SARASOTA State FL Zip Code 34237-6455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 318.00

Date of Receipt 10 / 15 / 2015  
**Transaction ID : SA11.16032110**  
 Amount of Each Receipt this Period 20.00  
 CONTRIBUTION

**B. MRS. MARGUERITE W. LEOPOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3221 FRUITVILLE RD #103  
 City SARASOTA State FL Zip Code 34237-6455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 318.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040741**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MR. HERBERT A. LEVIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 724 E GRINNELL DR.  
 City BURBANK State CA Zip Code 91501-1720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CALIFORNIA DEPT OF JUSTICE Occupation LAWYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027962**  
 Amount of Each Receipt this Period 75.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 310 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. HERBERT A. LEVIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 724 E GRINNELL DR.

City BURBANK State CA Zip Code 91501-1720

FEC ID number of contributing federal political committee. **C**

Name of Employer CALIFORNIA DEPT OF JUSTICE Occupation LAWYER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036690**

Amount of Each Receipt this Period  
 75.00

CONTRIBUTION

**B. MS. LEORA R. LEVY**  
Full Name (Last, First, Middle Initial)

Mailing Address 59 PECKSLAND ROAD

City GREENWICH State CT Zip Code 06831-3711

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026448**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**C. MR. BILL M. LEWIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 28 SALT POND ROAD

City HAMPTON State VA Zip Code 23664-1709

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034571**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 311 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. VERNON F. LEWIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 E SANTA CRUZ DR.  
 City State Zip Code  
 GOODYEAR AZ 85338-1429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VERN LEWIS WELDING SUPPLY INC WELDING  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030882**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. MR. VERNON F. LEWIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 E SANTA CRUZ DR.  
 City State Zip Code  
 GOODYEAR AZ 85338-1429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VERN LEWIS WELDING SUPPLY INC WELDING  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034040**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MR. WILLIAM C. LEWIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2295 GULF OF MEXICO DR.  
 UNIT 21 S  
 City State Zip Code  
 LONGBOAT KEY FL 34228-5213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE NONE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037663**  
 Amount of Each Receipt this Period  
 70.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 312 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. HAROLD L. LIBBY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1220 S. ORANGE AVENUE  
City SARASOTA State FL Zip Code 34239-2028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 314.98

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035363**  
Amount of Each Receipt this Period 35.00  
CONTRIBUTION

**B. JAMES R. LIECHTY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 744 VALLEY CIR  
City LEEDS State AL Zip Code 35094-2401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034242**  
Amount of Each Receipt this Period 20.00  
CONTRIBUTION

**C. JAMES R. LIECHTY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 744 VALLEY CIR  
City LEEDS State AL Zip Code 35094-2401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16039878**  
Amount of Each Receipt this Period 20.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 313 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. VIVIAN MARIE LIGHTFOOT**  
 Mailing Address 2851 S VALLEY VIEW BLVD UNIT 1120  
 City State Zip Code  
 LAS VEGAS NV 89102-0162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037654**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. WALTER S. LIGHT JR.**  
 Mailing Address P.O. BOX 541674  
 City State Zip Code  
 HOUSTON TX 77254-1674  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 THUNDER EXPLORATION, INC. GEOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038600**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. LOLITA LINDSTROM**  
 Mailing Address 2435 SW CREEKSIDE DR  
 City State Zip Code  
 PALM CITY FL 34990-2532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2015  
**Transaction ID : SA11.16029503**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 314 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. THOMAS L. LINNEN SR.**  
 Mailing Address 404 CLEARWATER DR.  
 City State Zip Code  
 PONTE VEDRA FL 32082-4170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 374.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16036097**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. PAUL E. LINTHORST**  
 Mailing Address 19 HUNTWOOD PLACE  
 City State Zip Code  
 MOUNT VERNON NY 10552-1215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030336**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. PAUL E. LINTHORST**  
 Mailing Address 19 HUNTWOOD PLACE  
 City State Zip Code  
 MOUNT VERNON NY 10552-1215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039602**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 335.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 315 OF 824  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MUNSON W. LITTLE**

Mailing Address 380 S ANAHEIM HILLS RD APT 531

City ANAHEIM	State CA	Zip Code 92807-4066
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : SA11.16027230**

Amount of Each Receipt this Period  
15.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MUNSON W. LITTLE**

Mailing Address 380 S ANAHEIM HILLS RD APT 531

City ANAHEIM	State CA	Zip Code 92807-4066
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015

**Transaction ID : SA11.16027634**

Amount of Each Receipt this Period  
15.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MUNSON W. LITTLE**

Mailing Address 380 S ANAHEIM HILLS RD APT 531

City ANAHEIM	State CA	Zip Code 92807-4066
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015

**Transaction ID : SA11.16031195**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 316 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MUNSON W. LITTLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 380 S ANAHEIM HILLS RD APT 531  
 City ANAHEIM State CA Zip Code 92807-4066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035350**  
 Amount of Each Receipt this Period 15.00  
 CONTRIBUTION

**B. MR. MUNSON W. LITTLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 380 S ANAHEIM HILLS RD APT 531  
 City ANAHEIM State CA Zip Code 92807-4066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035710**  
 Amount of Each Receipt this Period 15.00  
 CONTRIBUTION

**C. MR. MUNSON W. LITTLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 380 S ANAHEIM HILLS RD APT 531  
 City ANAHEIM State CA Zip Code 92807-4066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036597**  
 Amount of Each Receipt this Period 15.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 317 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MUNSON W. LITTLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 380 S ANAHEIM HILLS RD APT 531  
 City ANAHEIM State CA Zip Code 92807-4066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040974**  
 Amount of Each Receipt this Period 15.00  
 CONTRIBUTION

**B. MS. HSIU JU TENG LIU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6747 N. DURANT  
 City FRESNO State CA Zip Code 93711-1383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FRESNO CITY COLLEGE Occupation TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038543**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MRS. ROWENA A. LOBLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 277  
 City TEXLINE State TX Zip Code 79087-0277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16029621**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 265.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 318 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. PAUL LOBO</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2015 <b>Transaction ID : SA11.16039677</b>
Mailing Address 2020 12TH STREET NW APARTMENT 609		Amount of Each Receipt this Period 100.00
City WASHINGTON	State DC	Zip Code 20009-7591
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer POLICY INTEGRATION PARTNERS LLC	Occupation GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. MS. SHEILA M. LOFTUS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2015 <b>Transaction ID : SA11.16026611</b>
Mailing Address 240 COUNTY RD. 100 E		Amount of Each Receipt this Period 50.00
City IVESDALE	State IL	Zip Code 61851-9714
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>C. MS. SHEILA M. LOFTUS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2015 <b>Transaction ID : SA11.16032009</b>
Mailing Address 240 COUNTY RD. 100 E		Amount of Each Receipt this Period 50.00
City IVESDALE	State IL	Zip Code 61851-9714
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 319 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. SHEILA M. LOFTUS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 240 COUNTY RD. 100 E  
City IVESDALE State IL Zip Code 61851-9714  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16039283**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**B. MR. TIMOTHY LOGGINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3126 MINART DR.  
City WINSTON SALEM State NC Zip Code 27106-2638  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA11.16028567**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**C. MR. TIMOTHY LOGGINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3126 MINART DR.  
City WINSTON SALEM State NC Zip Code 27106-2638  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16041451**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 320 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MARIE LOGOTHETIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47 THE SERPENTINE  
City ROSLYN State NY Zip Code 11576-1711  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035721**  
Amount of Each Receipt this Period 55.00  
CONTRIBUTION

**B. MR. GORDON G. LONG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 315 S LAKE DR.  
City PALM BEACH State FL Zip Code 33480-4525  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16039289**  
Amount of Each Receipt this Period 210.00  
CONTRIBUTION

**C. MR. LEONARD A. LONG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1104 LONGVIEW DR.  
City NEW BERN State NC Zip Code 28562-2430  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037398**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 315.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 321 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DONALD W. LOOMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4904 PRAIRIE LN.  
 City WILLISTON State ND Zip Code 58801-9349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ACKERMAN-ESTOULD Occupation ENGINEER & LAND SURVEYOUR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16033250**  
 Amount of Each Receipt this Period 95.00  
 CONTRIBUTION

**B. MR. R. CHARLES LOUDERMILK SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 415 E. PACES FERRY RD. SUITE 300  
 City ATLANTA State GA Zip Code 30305-3303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16043195**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MRS. JUDITH P. LOUGHRIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3460 LIVE OAK ROAD  
 City SANTA YNEZ State CA Zip Code 93460-9140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16029739**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 630.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 322 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. JUDITH P. LOUGHRIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3460 LIVE OAK ROAD  
 City State Zip Code  
 SANTA YNEZ CA 93460-9140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16037183**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**B. MR. SAMUEL DAVID LOUGHLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7142 ALEXANDER DRIVE  
 City State Zip Code  
 DALLAS TX 75214-3213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LONESTAR AMERICAS, LLC PRIVATE EQUITY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16043196**  
 Amount of Each Receipt this Period  
 25000.00  
 CONTRIBUTION

**C. MS. CLARA JANE LOVELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 158  
 City State Zip Code  
 EGYPT TX 77436-0158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED FARMER-HOUSEWIFE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036553**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 25135.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 323 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. LINSEY B. LOW**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 DUCKTRAP RD  
City LINCOLNVILLE State ME Zip Code 04849-5222  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034237**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. MR. KENNETH J. LUCAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 64 JEFFERSON AVE  
City DUNELLEN State NJ Zip Code 08812-1344  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16027108**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION

**C. ROBERT E. LUDBROOK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26501 SOMERSET LN  
City KENT State WA Zip Code 98032-7101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 291.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037661**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 324 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. CHRIS S. LUDWIG**

Mailing Address 7091 PALISADE DR.

City State Zip Code  
HIGHLANDS RANCH CO 80130-3742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED CONSULTING GEOPHYSICIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035906**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DERRICK LUKSCH**

Mailing Address 4311 SW RESEARCH WAY

City State Zip Code  
CORVALLIS OR 97333-1071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED DENTAL TECH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037878**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. WILLIAM LUM**

Mailing Address 9100 S GALE RIDGE RD

City State Zip Code  
SAN RAMON CA 94582-9157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LPM, LLC CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16045536**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 325 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. GLENN LUNDELL**

Mailing Address 2117 W GRAMERCY DR.

City State Zip Code  
GREEN VALLEY AZ 85622-5467

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037529**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JAMES H. LUNDV JR.**

Mailing Address P.O. BOX 2195

City State Zip Code  
CLAYPOOL AZ 85532-2195

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027001**

Amount of Each Receipt this Period  
40.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. PATRICIA P. LUNKA**

Mailing Address 140 ZACCHEUS MEAD LANE

City State Zip Code  
GREENWICH CT 06831-3750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
J.P. MORGAN BANKING

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16026523**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 640.00

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

**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)	PAGE 326 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. CHAD C. LUNT**  
Full Name (Last, First, Middle Initial)

Mailing Address 252 E ADAM LN

City WASHINGTON State UT Zip Code 84780-2145

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16035696**

Amount of Each Receipt this Period  
 550.00

CONTRIBUTION

**B. MR. DAVID LUNT**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 W. WILDFLOWER DR.

City SANTA FE State NM Zip Code 87506-0102

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2015  
**Transaction ID : SA11.16028895**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**C. MR. NELSON HERBERT LUTEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1155 CAYUSE CIR SE

City SALEM State OR Zip Code 97306-1385

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16030004**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 327 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DAVID LUTH**  
Full Name (Last, First, Middle Initial)

Mailing Address 361 TIMBERHEAD LANE

City FOSTER CITY State CA Zip Code 94404-3918

FEC ID number of contributing federal political committee. **C**

Name of Employer UCSF Occupation PROGRAMMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2015

**Transaction ID : SA11.16032290**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**B. DAVID LUTH**  
Full Name (Last, First, Middle Initial)

Mailing Address 361 TIMBERHEAD LANE

City FOSTER CITY State CA Zip Code 94404-3918

FEC ID number of contributing federal political committee. **C**

Name of Employer UCSF Occupation PROGRAMMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : SA11.16038623**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**C. MR. ROBERT LUTHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8928 HIGHLAND ROAD

City PITTSBURGH State PA Zip Code 15237-4526

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11.16032154**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

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

**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)	PAGE 328 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DAVID LUTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 1223 DICKINSON DR.

City CARLISLE State PA Zip Code 17013-4221

FEC ID number of contributing federal political committee. **C**

Name of Employer MASTER SOLUTIONS Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 24 / 2015  
Transaction ID : SA11.16035603

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**B. MR. JIM C. LYNCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 203 S E ST.

City LAKEVIEW State OR Zip Code 97630-1722

FEC ID number of contributing federal political committee. **C**

Name of Employer LYNCH AND VANDENBERG Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.00

Date of Receipt 10 / 14 / 2015  
Transaction ID : SA11.16031391

Amount of Each Receipt this Period 105.00

CONTRIBUTION

**C. MS. WANDA LYNCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 ANDREWS AVE.,#8

City DELRAY BEACH State FL Zip Code 33483-7262

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 08 / 2015  
Transaction ID : SA11.16028157

Amount of Each Receipt this Period 35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 240.00

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



**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)	PAGE 329 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. LISBETH LYONS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1210 R ST NW #206

City WASHINGTON State DC Zip Code 20009-4345

FEC ID number of contributing federal political committee. **C**

Name of Employer PIA Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA11.16028110**

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**B. MR. LARRY J. LYSTAD**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 154

City STANLEY State ND Zip Code 58784-0154

FEC ID number of contributing federal political committee. **C**

Name of Employer BRIDGER PIPELINE Occupation FIELD AND LAND REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16027319**

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**C. T.C. LYSTER III**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 28

City BEND State OR Zip Code 97709-0028

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 21 / 2015  
**Transaction ID : SA11.16034726**

Amount of Each Receipt this Period 100.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 330 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. QUINN TIMOTHY LYZUN**  
Full Name (Last, First, Middle Initial)

Mailing Address 91 STRATFORD RD

City NEEDHAM State MA Zip Code 02492-1455

FEC ID number of contributing federal political committee. **C**

Name of Employer OPTOS Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16036071**

Amount of Each Receipt this Period 300.00

CONTRIBUTION

**B. MR. GLENN D. MACEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 8136 E. CORTEZ DR.

City SCOTTSDALE State AZ Zip Code 85260-5653

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 01 / 2015  
**Transaction ID : SA11.16024975**

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**C. MRS. LAUREN M. MADDOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 913 ST. STEPHENS ROAD

City ALEXANDRIA State VA Zip Code 22304-1724

FEC ID number of contributing federal political committee. **C**

Name of Employer PODESTA GROUP Occupation LOBBYIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2308.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16039711**

Amount of Each Receipt this Period 1154.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1554.00

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

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

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

FOR LINE NUMBER: PAGE 331 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HENRY MADLEY**  
 Mailing Address 3648 62ND AVE E  
 City State Zip Code  
 BRADENTON FL 34203-5429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036470**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. FRANCIS A. MADSEN JR.**  
 Mailing Address 2493 E FIELD ROSE DR.  
 City State Zip Code  
 HOLLADAY UT 84121-1571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034250**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. FRANCIS A. MADSEN JR.**  
 Mailing Address 2493 E FIELD ROSE DR.  
 City State Zip Code  
 HOLLADAY UT 84121-1571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040993**  
 Amount of Each Receipt this Period  
 55.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 155.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 332 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. STEVEN F. MAFRIGE**

Mailing Address 411 FANNIN STE STE 300

City HOUSTON State TX Zip Code 77002-2040

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

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  
 10 / 30 / 2015  
**Transaction ID : SA11.16040480**

Amount of Each Receipt this Period  
225.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. FREDERICK MAHAN**

Mailing Address 101 ST. FRANCIS BLVD.

City SAN FRANCISCO State CA Zip Code 94127-1938

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036704**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. JEAN D. MAHAVIER**

Mailing Address 2449 AVENUE A

City DICKINSON State TX Zip Code 77539-2876

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040989**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 333 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ELIZABETH MAIER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 223 S. LEE STREET  
City ALEXANDRIA State VA Zip Code 22314-3307  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BROWNSTEIN HYATT FARBER AND SCHREC Occupation N/A  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **625.00**

Date of Receipt **10 / 01 / 2015**  
**Transaction ID : SA11.16024970**  
Amount of Each Receipt this Period **125.00**  
CONTRIBUTION

**B. MRS. MARY I. MAKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 609 N OAK ST.  
City PONCA CITY State OK Zip Code 74601-4121  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **215.00**

Date of Receipt **10 / 14 / 2015**  
**Transaction ID : SA11.16031605**  
Amount of Each Receipt this Period **25.00**  
CONTRIBUTION

**C. MR. DONALD W. MAKINSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 ARAPAHO E  
City SHERMAN State TX Zip Code 75092-7605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **800.00**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : SA11.16041159**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**  
**TOTAL** This Period (last page this line number only).....

**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)	PAGE 334 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. YOUSEF MALEKZADEH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7423 SPRING SUMMIT RD  
 City SPRINGFIELD State VA Zip Code 22150-4607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MALCKIS PIZZA PALACE Occupation BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 08 / 2015  
**Transaction ID : SA11.16029054**  
 Amount of Each Receipt this Period 110.00  
 CONTRIBUTION

**B. JESSICA MANDEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1526 17TH STREET NW, SUITE 406  
 City WASHINGTON State DC Zip Code 20036-6208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CREDIT-SUISSE Occupation LOBBYIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16033734**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MRS. RITA M. MANLOVE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2064 S FARNSWORTH DRIVE # 109  
 City MESA State AZ Zip Code 85209-5054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038752**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 260.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 335 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. TEMPE MANNERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1965 ALAMOSA DRIVE  
City COLORADO SPRINGS State CO Zip Code 80920-1574  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA11.16028507**  
Amount of Each Receipt this Period 55.00  
CONTRIBUTION

**B. JOESPH MANSUR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6224 LYNN WAY  
City SAINT PAUL State MN Zip Code 55129-8401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027921**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. MR. BANKS MARK W**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4461 WATERS EDGE LANE  
City SANIBEL State FL Zip Code 33957-2806  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation MD/CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16045634**  
Amount of Each Receipt this Period 5000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5155.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 336 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOSEPH MARKHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 12094 W. 75TH PLACE

City ARVADA State CO Zip Code 80005-5311

FEC ID number of contributing federal political committee. **C**

Name of Employer BOUNCE. CINC Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038656**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

**B. MRS. BARBARA MARKO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1132 WOBURN GRN

City BLOOMFIELD HILLS State MI Zip Code 48302-2300

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16028992**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**C. MR. JAMES MARKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 439 ZIMMER DR.

City FAIRBORN State OH Zip Code 45324-4037

FEC ID number of contributing federal political committee. **C**

Name of Employer USAF Occupation CIVILIAN EMPLOYEE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16038065**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

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



**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)	PAGE 337 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. KEN MARKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2832 NE 9TH AVE

City PORTLAND State OR Zip Code 97212-3129

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
10 / 08 / 2015  
**Transaction ID : SA11.16028190**

Amount of Each Receipt this Period  
220.00

CONTRIBUTION

**B. MRS. ELDA MARMADUKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 7444 SPRING VILLAGE DR. APT 107

City SPRINGFIELD State VA Zip Code 22150-4456

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
10 / 09 / 2015  
**Transaction ID : SA11.16030218**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

**C. MR. IONEL MARSVELA**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1548

City LOMA LINDA State CA Zip Code 92354-1548

FEC ID number of contributing federal political committee. **C**

Name of Employer SB LOGISTIC Occupation TRUCK DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
10 / 13 / 2015  
**Transaction ID : SA11.16030672**

Amount of Each Receipt this Period  
40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 295.00

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

**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)	PAGE 338 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. CHARLES MARSDEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6707 GREENLEAF AVE  
City WHITTIER State CA Zip Code 90601-4110  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation SELF EMPLOYED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036933**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. CHARLES MARSDEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6707 GREENLEAF AVE  
City WHITTIER State CA Zip Code 90601-4110  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation SELF EMPLOYED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16039184**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. DOLORES MARSHALL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 601 S ODLE ST  
City WEST FRANKFORT State IL Zip Code 62896-3461  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 220.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034257**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... 225.00  
**TOTAL** This Period (last page this line number only).....

**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)	PAGE 339 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JO MARSH**

Mailing Address 708 SLAYDON ST.

City HENDERSON State TX Zip Code 75654-3810

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035921**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. CHRISTOPHER C. MARTIN**

Mailing Address 2794 CARLARIS RD.

City SAN MARINO State CA Zip Code 91108-1715

FEC ID number of contributing federal political committee. **C**

Name of Employer AC MARTIN PARTNERS, INC. Occupation ARCHITECT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2015  
**Transaction ID : SA11.16035635**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DENNIS MARTINEZ**

Mailing Address 7322 N. 8TH AVE

City GLENDALE State AZ Zip Code 85303-

FEC ID number of contributing federal political committee. **C**

Name of Employer CITY OF SURPRISE, AZ Occupation CONSTRUCTION INSPECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035535**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 775.00

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

**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)	PAGE 340 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 (Last, First, Middle Initial)  
**A. MS. E. MARTIN**

Mailing Address 1046 WOODBERRY RD

City NEW KENSINGTON State PA Zip Code 15068-5308

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036904**

Amount of Each Receipt this Period  
600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. AUDINE J. MARVIN**

Mailing Address 4220 LOWER ROSWELL RD, UNIT 7300

City MARIETTA State GA Zip Code 30068-4167

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038948**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. AUDINE J. MARVIN**

Mailing Address 4220 LOWER ROSWELL RD, UNIT 7300

City MARIETTA State GA Zip Code 30068-4167

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : SA11.16040101**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 341 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. MR. JERRY L. MARZUKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9N620 S WATER RD  
 City ELGIN State IL Zip Code 60124-8401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **290.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031417**  
 Amount of Each Receipt this Period  
**60.00**  
 CONTRIBUTION

**B. PRESTON MATHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 213 E MAIN ST  
 City FAIRFIELD State IL Zip Code 62837-2028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **251.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11.16025017**  
 Amount of Each Receipt this Period  
**75.00**  
 CONTRIBUTION

**C. MR. LAEL W. MATHIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11620 COURT OF PALMS APT. 502  
 City FORT MYERS State FL Zip Code 33908-6566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16029991**  
 Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>635.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 342 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. LAWRENCE R. MATHIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1560 FIRETOWER RD  
 City PANSEY State AL Zip Code 36370-5044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039250**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**B. NINA W. MATTHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 133  
 City LOGANDALE State NV Zip Code 89021-0133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040900**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C. ISLIE MAUCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 334 NE 57TH. ST.  
 City SEATTLE State WA Zip Code 98105-2711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035867**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 265.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 343 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. TAYLOR MAXWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 9121 SOUTHMONT CV206

City FORT MYERS	State FL	Zip Code 33908-6308
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

**Transaction ID : SA11.16035498**

Amount of Each Receipt this Period  

60.00
-------

**CONTRIBUTION**

**B. DR. BARRIE MAY M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 26032 CRESTA VERDE

City MISSION VIEJO	State CA	Zip Code 92691-5802
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ORANGE COAST WOMENS MEDICAL GROUP	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : SA11.16040733**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**

**C. MRS. MAXINE S. MAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1332 MARIETTA COUNTRY CLUB DRIVE

City KENNESAW	State GA	Zip Code 30152-4730
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

**Transaction ID : SA11.16033671**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 344 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. MAXINE S. MAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1332 MARIETTA COUNTRY CLUB DRIVE  
 City KENNESAW State GA Zip Code 30152-4730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16041307**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MR. ROBERT MC DONALD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7473 WILSHIRE  
 City WEST BLOOMFIELD State MI Zip Code 48322-2876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16033821**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MR. EDWARD J. MC KENNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 ORIOLE ST.  
 City WEST ROXBURY State MA Zip Code 02132-2976  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASS. DEPT. OF REVENUE Occupation TAX EXAMINER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040597**  
 Amount of Each Receipt this Period 20.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 345 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. WILLIAM MC LAUGHLIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7430 SUNSHINE SKYWAY LN S  
APT 806  
City SAINT PETERSBURG State FL Zip Code 33711-4985  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16026844**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**B. WILLIAM MC LAUGHLIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7430 SUNSHINE SKYWAY LN S  
APT 806  
City SAINT PETERSBURG State FL Zip Code 33711-4985  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16026993**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**C. WILLIAM MC LAUGHLIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7430 SUNSHINE SKYWAY LN S  
APT 806  
City SAINT PETERSBURG State FL Zip Code 33711-4985  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031437**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 346 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. WILLIAM MC LAUGHLIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7430 SUNSHINE SKYWAY LN S  
APT 806  
City SAINT PETERSBURG State FL Zip Code 33711-4985  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031438**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**B. WILLIAM MC LAUGHLIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7430 SUNSHINE SKYWAY LN S  
APT 806  
City SAINT PETERSBURG State FL Zip Code 33711-4985  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034002**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**C. WILLIAM MC LAUGHLIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7430 SUNSHINE SKYWAY LN S  
APT 806  
City SAINT PETERSBURG State FL Zip Code 33711-4985  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036332**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 347 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. WILLIAM MC LAUGHLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7430 SUNSHINE SKYWAY LN S  
 APT 806  
 City SAINT PETERSBURG State FL Zip Code 33711-4985  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16039276**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. WILLIAM MC LAUGHLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7430 SUNSHINE SKYWAY LN S  
 APT 806  
 City SAINT PETERSBURG State FL Zip Code 33711-4985  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16041272**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. LOREN MCBRIDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 2ND. AVE N  
 City MYRTLE BEACH State SC Zip Code 29575-3841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16029750**  
 Amount of Each Receipt this Period 115.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 165.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 348 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. GERALD W. MCCABE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 154 TALL PINE DRIVE  
City AIKEN State SC Zip Code 29803-7913  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16045773**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**B. JOHN MCCAFFERY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12889 EAGLES VIEW RD  
City PHOENIX State MD Zip Code 21131-2312  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JOHNS HOPKINS UNIVERSITY Occupation SCIENTIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038746**  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION

**C. MR. JAMES B. MCCALL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3219 S TORREY PINESTER  
City LAS VEGAS State NV Zip Code 89146-6529  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation INVESTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031448**  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1525.00  
**TOTAL** This Period (last page this line number only)..... ►

**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)	PAGE 349 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. CHARLES MCCARTY**  
Full Name (Last, First, Middle Initial)

Mailing Address 409 SHADOWOOD DR.

City MARSHALL	State TX	Zip Code 75672-1317
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
847.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

**Transaction ID : SA11.16036622**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B. MS. NELLIE MCCLURE**  
Full Name (Last, First, Middle Initial)

Mailing Address 707 BULL RUN DR.

City TUNNEL HILL	State GA	Zip Code 30755-9277
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : SA11.16041246**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

**C. GREGORY C. MCCRAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 9778 MAPLE TRACE CIRCLE

City FAIRFAX	State VA	Zip Code 22032-1145
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED
----------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : SA11.16039762**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 350 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT S. MCCULLOCH III**

Mailing Address 335 N UNION AVE

City State Zip Code  
SALEM OH 44460-2324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HUNTER ASSOCIATES INVESTMENT ADVISOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.16035784**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. BARBARA MCDOWELL**

Mailing Address 265 N. PINE HARBOUR DRIVE

City State Zip Code  
COLDSRING TX 77331-3318

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.16033811**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. BARBARA MCDOWELL**

Mailing Address 265 N. PINE HARBOUR DRIVE

City State Zip Code  
COLDSRING TX 77331-3318

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.16035616**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 351 OF 824
	(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. MARY MCDUFFIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 HOT SPRINGS RD. APT. 7  
 City SANTA BARBARA State CA Zip Code 93108-2037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **350.00**

Date of Receipt: **10 / 29 / 2015**  
**Transaction ID : SA11.16039308**  
 Amount of Each Receipt this Period: **50.00**  
**CONTRIBUTION**

**B. BOBBY MCELHANNON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 137 WYNNFIELD BLVD  
 City MCDONOUGH State GA Zip Code 30252-8540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **RETIRED** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **215.00**

Date of Receipt: **10 / 20 / 2015**  
**Transaction ID : SA11.16033975**  
 Amount of Each Receipt this Period: **25.00**  
**CONTRIBUTION**

**C. JOSEPH MCELMEEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3513 FAIR OAKS CT  
 City LONGBOAT KEY State FL Zip Code 34228-4149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **BROOKE CHASE ASSOCIATES, INC** Occupation: **CHARIMAN & CEO**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **10 / 26 / 2015**  
**Transaction ID : SA11.16036247**  
 Amount of Each Receipt this Period: **50.00**  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... **125.00**  
**TOTAL** This Period (last page this line number only).....

**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)	PAGE 352 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. JOY MCGAVOCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 242 NE GERLINGER COURT

City DALLAS State OR Zip Code 97338-1137

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16041304**

Amount of Each Receipt this Period 45.00

CONTRIBUTION

**B. ALBERT MCGEHEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2609 BEACON HILL RD

City ALEXANDRIA State VA Zip Code 22306-1611

FEC ID number of contributing federal political committee. **C**

Name of Employer ACM REAL ESTATE INVESTORS Occupation MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 24 / 2015  
**Transaction ID : SA11.16035573**

Amount of Each Receipt this Period 25.00

CONTRIBUTION

**C. MILDRED T. MCGEHEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1900 FRANKLIN AVE

City RUSTON State LA Zip Code 71270-9658

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16027186**

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 170.00

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



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

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

FOR LINE NUMBER: PAGE 353 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. PATRICIA A. MCGLONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1445 S CORSICA PL.  
 City TUCSON State AZ Zip Code 85748-7615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1564.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035135**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**B. MS. KATHLEEN MCGOWAN-CARNES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 EMMEN ROAD  
 City NEW BERN State NC Zip Code 28562-9117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ROCKTENN Occupation MARKETING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16045849**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MRS. BLANCHE A. MCKAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5743 JAMMES RD  
 City JACKSONVILLE State FL Zip Code 32244-1807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16039285**  
 Amount of Each Receipt this Period 45.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 445.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 354 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. CLIFFORD W. MCKAY**  
 Mailing Address 1413 N FORTNER RD  
 City State Zip Code  
 PECK KS 67120-9052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032633**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GREGORY MCKAY**  
 Mailing Address 8805 OLD CREEK RD  
 City State Zip Code  
 MEMPHIS TN 38125-4020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GRIFFIN, INC PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045816**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RICHARD H. MCKAY**  
 Mailing Address 1403 BURR RIDGE CLUB  
 City State Zip Code  
 BURR RIDGE IL 60527-5253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16045807**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 110.00  
**TOTAL** This Period (last page this line number only)..... ►

**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)	PAGE 355 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DAVID M. MCKENNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5026 GREEN PINE DR. NE  
 City ATLANTA State GA Zip Code 30342-2402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035226**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MR. FLOYD W. MCKINNON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 STONYGATE OVAL  
 City NEW ROCHELLE State NY Zip Code 10804-2539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COTSWOLD Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035352**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MR. WILLIAM G. MCLAUGHLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7430 SUNSHINE SKYWAY LN S 806  
 City ST PETERSBURG State FL Zip Code 33711-4985  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2015  
**Transaction ID : SA11.16029202**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 356 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. DONALENE L. MCLEOD**  
 Mailing Address P.O. BOX 844  
 City State Zip Code  
 MILES CITY MT 59301-0844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16030184**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. JOYCE MCLEVIGE**  
 Mailing Address 1103 COPPER DR.  
 City State Zip Code  
 MACHESNEY PARK IL 61115-2125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035369**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. DIANE MCNALLY**  
 Mailing Address 7 SKI HILL DR.  
 City State Zip Code  
 BEDMINSTER NJ 07921-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036648**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 357 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. AUDREY MCNIFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 ZACCHEUS MEAD LANE  
 City GREENWICH State CT Zip Code 06831-3751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16031146**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. MS. MADELEINE E. MCNUTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 537 FENWICK DR.  
 City WINDCREST State TX Zip Code 78239-2532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034214**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MS. SUSAN L. MEANS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 878 WOOD AVE  
 City SAINT LOUIS State MO Zip Code 63122-2944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16029994**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1085.00  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 358 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. RALPH F. MEDCALF JR.**

Mailing Address 108 CHIMENEAS PLACE

City State Zip Code  
CHAPEL HILL NC 27517-8352

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031168**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. GERALD T. MEIER**

Mailing Address 23821 ADDISON PL CT

City State Zip Code  
BONITA SPRINGS FL 34134-4912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031453**

Amount of Each Receipt this Period  
80.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. WALTER J. MEIER**

Mailing Address 532 MAIN STREET

City State Zip Code  
CHATHAM MA 02633-2239

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHATHAM JEWELERS, INC. JEWELER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2015  
**Transaction ID : SA11.16032204**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 205.00

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

**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)	PAGE 359 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. GREGORY A. MELDAHL**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2115

City ISSAQUAH State WA Zip Code 98027-0094

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 17 / 2015  
**Transaction ID : SA11.16032255**

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**B. MR. JOHN MELETIO**  
Full Name (Last, First, Middle Initial)

Mailing Address 3809 GREENBRIER DR

City DALLAS State TX Zip Code 75225-5218

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 01 / 2015  
**Transaction ID : SA11.16024836**

Amount of Each Receipt this Period 200.00

CONTRIBUTION

**C. GALINA D. MELLTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 12409 URBAN DALE CT

City HOUSTON State TX Zip Code 77082-5663

FEC ID number of contributing federal political committee. **C**

Name of Employer WALMART Occupation GREETER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036733**

Amount of Each Receipt this Period 200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

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

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

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

FOR LINE NUMBER: PAGE 360 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ROBERT O. MENKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4901 INTREPID DR.  
 City LAS VEGAS State NV Zip Code 89130-0162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2055.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027772**  
 Amount of Each Receipt this Period  
 80.00  
 CONTRIBUTION

**B. MR. ROBERT O. MENKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4901 INTREPID DR.  
 City LAS VEGAS State NV Zip Code 89130-0162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2055.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031340**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**C. MR. ROBERT O. MENKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4901 INTREPID DR.  
 City LAS VEGAS State NV Zip Code 89130-0162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2055.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035992**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 361 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. COLE MERRYMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11500 RIDGE DR  
 City State Zip Code  
 AUSTIN TX 78748-3900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11.16026319**  
 Amount of Each Receipt this Period  
 220.00  
 CONTRIBUTION

**B. MR. JIMMY C. MEYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8103 ROLLING KNOLL CT  
 City State Zip Code  
 SPRINGFIELD VA 22153-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOCKHEED MARTIN SOFTWARE ENGINEER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036906**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**C. MRS. TERYL MEYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1943 YAJOME STREET  
 City State Zip Code  
 NAPA CA 94559-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026423**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 545.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 362 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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 (Last, First, Middle Initial)  
**A. MR. THOMAS D. MEYER**

Mailing Address P.O. BOX 350

City State Zip Code  
THREE RIVERS MI 49093-0350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030896**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ANITA MICHAELS**

Mailing Address 425 WORTH AVE APT 5E

City State Zip Code  
PALM BEACH FL 33480-6525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027365**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. FRANCES F. MICHAEL**

Mailing Address 40 GOVERNORS RD #2833

City State Zip Code  
HILTON HEAD SC 29928-7113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028541**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

**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)	PAGE 363 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. MS. FRANCES F. MICHAEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 GOVERNORS RD #2833  
 City HILTON HEAD State SC Zip Code 29928-7113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA11.16038323**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MR. J. W. MIDDENDORF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1037  
 City LITTLE COMPTON State RI Zip Code 02837-0337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036927**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MS. IRENE MIKSZA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38498 CANYON HEIGHTS DR  
 City FREMONT State CA Zip Code 94536-1816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 16 / 2015  
**Transaction ID : SA11.16031977**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 364 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. S. MILITELLO**  
 Mailing Address 9802 MAKO COURT  
 City State Zip Code  
 TAMPA FL 33615-4260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030932**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. EMALEE MILLER**  
 Mailing Address P.O. BOX 165  
 City State Zip Code  
 RIDGETOP TN 37152-0165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 793.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033018**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. HARRIET B. MILLER**  
 Mailing Address 3719 BERKLEY HILLS AVE  
 City State Zip Code  
 BATON ROUGE LA 70809-2464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028628**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 385.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 365 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. KENT MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1733 LEE JANZEN DRIVE  
 City State Zip Code  
 KISSIMMEE FL 34744-3954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GRADUATE SCHOOL USA CONSULTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033651**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. MR. LARRY MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 720 ATLANTA COUNTRY CLUB DRIVE SE  
 City State Zip Code  
 MARIETTA GA 30067-4718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16034591**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C. MS. MAIDA H. MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1010 AMERICAN EAGLE BLVD. APT. 439  
 City State Zip Code  
 SUN CITY CENTER FL 33573-5277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 415.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034814**  
 Amount of Each Receipt this Period  
 105.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2655.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. MAIDA H. MILLER**

Mailing Address 1010 AMERICAN EAGLE BLVD. APT. 439

City State Zip Code  
SUN CITY CENTER FL 33573-5277

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040384**

Amount of Each Receipt this Period  
105.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. HAZEL MILLS**

Mailing Address 1-3 AIRLIE CT.

City State Zip Code  
CARY NC 27513-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2015  
**Transaction ID : SA11.16031950**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DAVID T. MILLWOOD JR.**

Mailing Address 2321 VIRGINIA AVE

City State Zip Code  
BAKERSFIELD CA 93307-2545

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MILLWOOD CABINET CO WOOD PRODUCT MANUFACTURER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031647**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 380.00

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

**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)	PAGE 367 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. LOIS JANE MINNICH**

Mailing Address 2412 CHARLESTON AVE

City VESTAL State NY Zip Code 13850-2702

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039287**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. VIRGINIA MINOR**

Mailing Address 313 FUTRELL RD

City RICHLANDS State NC Zip Code 28574-5227

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035177**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. JACQUELINE E. MITCHELL**

Mailing Address 31147 IRON BRANCH RD

City DAGSBORO State DE Zip Code 19939-3955

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031864**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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

**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)	PAGE 368 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. KING MITCHELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6874 HARPER ROAD  
 City SURVEYOR State WV Zip Code 25932-9603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RALEIGH CO. Occupation SUB TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : SA11.16024961**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. MR. KING MITCHELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6874 HARPER ROAD  
 City SURVEYOR State WV Zip Code 25932-9603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RALEIGH CO. Occupation SUB TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026419**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. DENNIS MMITCHEM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1616 W GLENDALE AV, #588  
 City PHOENIX State AZ Zip Code 85021-8948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038399**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 369 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HARRYMAN MOE**  
 Mailing Address 43 WELSH ST  
 City State Zip Code  
 MALDEN MA 02148-5307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 310.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033341**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. J JEROME MOISO**  
 Mailing Address P.O. BOX 130  
 City State Zip Code  
 MCARTHUR CA 96056-0130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 12 / 2015  
**Transaction ID : SA11.16029566**  
 Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. EVELYN M. MOORE**  
 Mailing Address 478 W RIEHLE RD  
 City State Zip Code  
 CHILLICOTHE OH 45601-3936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030635**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2045.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

FOR LINE NUMBER: PAGE 370 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. EVELYN M. MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 478 W RIEHLE RD  
 City State Zip Code  
 CHILLICOTHE OH 45601-3936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033285**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. MR. JACK W. MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7500 N. CALLE. ENVIDIA  
 APT 217  
 City State Zip Code  
 TUCSON AZ 85718-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026654**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MR. JACK W. MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7500 N. CALLE. ENVIDIA  
 APT 217  
 City State Zip Code  
 TUCSON AZ 85718-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035358**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 371 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JAMES MOORE**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 44296

City PHOENIX State AZ Zip Code 85064-4296

FEC ID number of contributing federal political committee. **C**

Name of Employer COUNSEL MORTGAGE GROUP, LLC Occupation MORTGAGE LOAN OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **910.00**

Date of Receipt **10 / 21 / 2015**

**Transaction ID : SA11.16034565**

Amount of Each Receipt this Period **50.00**

CONTRIBUTION

**B. MR. JAMES MOORE**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 44296

City PHOENIX State AZ Zip Code 85064-4296

FEC ID number of contributing federal political committee. **C**

Name of Employer COUNSEL MORTGAGE GROUP, LLC Occupation MORTGAGE LOAN OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **910.00**

Date of Receipt **10 / 25 / 2015**

**Transaction ID : SA11.16035671**

Amount of Each Receipt this Period **100.00**

CONTRIBUTION

**C. MRS. VIDO MOORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1018 N AMY DR.

City DEER PARK State TX Zip Code 77536-4249

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 26 / 2015**

**Transaction ID : SA11.16036370**

Amount of Each Receipt this Period **25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**

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

**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)	PAGE 372 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. EVELYN L. MOOTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1150 VERNON ST  
 City DUBUQUE State IA Zip Code 52001-4214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034035**  
 Amount of Each Receipt this Period 40.00  
 CONTRIBUTION

**B. REV LEROY J. MOREEUW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 646 MONROE ST.  
 City DETROIT State MI Zip Code 48226-2935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031404**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**C. MRS. RACHEL R. MORGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 INDIGO LN UNIT 163  
 City GLENVIEW State IL Zip Code 60026-8301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16033509**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 373 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. RACHEL R. MORGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 INDIGO LN  
 UNIT 163  
 City GLENVIEW State IL Zip Code 60026-8301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA11.16038133**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**B. MR. DEAN N. MORRISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12250 SW 33RD AVE  
 City PORTLAND State OR Zip Code 97219-8254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation CIVIL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7150.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036550**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MR. DEAN N. MORRISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12250 SW 33RD AVE  
 City PORTLAND State OR Zip Code 97219-8254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation CIVIL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7150.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040683**  
 Amount of Each Receipt this Period 450.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 374 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. FRANCIS E. MORRIS JR.**  
 Mailing Address 14349 WESTWAY LN. APT. 14  
 City State Zip Code  
 DALE CITY VA 22193-2855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026880**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT L. MORRIS**  
 Mailing Address 10504 LITTLE SKYLINE DR.  
 City State Zip Code  
 ORANGE VA 22960-2221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036855**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. WILLIAM D. MORRISON**  
 Mailing Address 2909 YALE CT  
 City State Zip Code  
 ATLANTA GA 30339-4247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037410**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 375 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. W. HUGH MORTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1480 DRIFT RD  
 City WESTPORT State MA Zip Code 02790-1620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031491**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. MR. DIRK P. D. MOSIS III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 KITTY KAT LANE  
 City BOERNE State TX Zip Code 78006-1655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAA REAL ESTATE COMPANY Occupation EXECUTIVE MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16032464**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**C. MR. DIRK P. D. MOSIS III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 KITTY KAT LANE  
 City BOERNE State TX Zip Code 78006-1655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAA REAL ESTATE COMPANY Occupation EXECUTIVE MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16032465**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 376 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DIRK P. D. MOSIS III**

Mailing Address 118 KITTY KAT LANE

City State Zip Code  
BOERNE TX 78006-1655

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
USAA REAL ESTATE COMPANY EXECUTIVE MANAGING DIRECTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033842**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. ANN B. MOUROUZIS**

Mailing Address INFO REQUESTED

City State Zip Code  
KETTERING OH 45429-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 17 / 2015  
**Transaction ID : SA11.16032234**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ANN B. MOUROUZIS**

Mailing Address INFO REQUESTED

City State Zip Code  
KETTERING OH 45429-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039025**

Amount of Each Receipt this Period  
5.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5030.00

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



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

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

FOR LINE NUMBER: PAGE 377 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. CLIFFORD MOWERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7520 SOUTHLAKE PKWY  
 City State Zip Code  
 JONESBORO GA 30236-2495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STEVE MOWERY ELECTRICAL CONTRACTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045820**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B. MS. LUCINA B. MOXLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5504 CEDAR BRANCH CIR.  
 City State Zip Code  
 INDIANAPOLIS IN 46268-3924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2015  
**Transaction ID : SA11.16029063**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**C. MR. ARTHUR H. MUIR JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1874 SUMMER CLOUD DR.  
 City State Zip Code  
 THOUSAND OAKS CA 91362-1218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027993**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 378 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. MICHAEL MULDOWNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6126 FALLS RD  
 City BALTIMORE State MD Zip Code 21209-2206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CBRE, INC. Occupation INVESTMENT PROPERTY SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16045621**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MR. JOHN E. MULLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 SALEM RD  
 City CARMEL State NY Zip Code 10512-6512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027960**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MICHAEL J. MULLINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 332  
 City HOLLAND PATNT State NY Zip Code 13354-0332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 02 / 2015  
**Transaction ID : SA11.16026175**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 310.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 379 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MICHAEL J. MULLINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 332  
 City State Zip Code  
 HOLLAND PATNT NY 13354-0332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033010**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**B. MRS. DIANE MUNKIRS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7999 NEW CITY ROAD  
 City State Zip Code  
 ROCHESTER IL 62563-6031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2015  
**Transaction ID : SA11.16035574**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**C. MRS. DIANE MUNKIRS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7999 NEW CITY ROAD  
 City State Zip Code  
 ROCHESTER IL 62563-6031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2015  
**Transaction ID : SA11.16035575**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 380 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. GENARO MUNOZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7586 BROOKHAVEN RD  
City SAN DIEGO State CA Zip Code 92114-7201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16045774**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**B. MR. ZANE G. MURFITT**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 268  
City PHILIPSBURG State MT Zip Code 59858-0268  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16041458**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. MRS. MARY MURPHY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2000 BURNSIDE DR  
City SPARKS State NV Zip Code 89434-0703  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 295.00

Date of Receipt 10 / 08 / 2015  
**Transaction ID : SA11.16028183**  
Amount of Each Receipt this Period 55.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 381 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. WILLIAM F. MURPHY**

Mailing Address 3183 OLDE DEKALB WAY

City State Zip Code  
DORAVILLE GA 30340-4531

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2015  
**Transaction ID : SA11.16035638**

Amount of Each Receipt this Period  
 40.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. BOBBY K. MURRAY**

Mailing Address 169 MADISON POINTE

City State Zip Code  
SENECA SC 29678-1162

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
203.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026613**

Amount of Each Receipt this Period  
 15.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. BOBBY K. MURRAY**

Mailing Address 169 MADISON POINTE

City State Zip Code  
SENECA SC 29678-1162

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
203.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028314**

Amount of Each Receipt this Period  
 15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

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

**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)	PAGE 382 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. BOBBY K. MURRAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 169 MADISON POINTE  
City SENECA State SC Zip Code 29678-1162  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 203.00

Date of Receipt  
10 / 08 / 2015  
**Transaction ID : SA11.16029064**  
Amount of Each Receipt this Period 15.00  
CONTRIBUTION

**B. BOBBY K. MURRAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 169 MADISON POINTE  
City SENECA State SC Zip Code 29678-1162  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 203.00

Date of Receipt  
10 / 26 / 2015  
**Transaction ID : SA11.16036626**  
Amount of Each Receipt this Period 15.00  
CONTRIBUTION

**C. BOBBY K. MURRAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 169 MADISON POINTE  
City SENECA State SC Zip Code 29678-1162  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 203.00

Date of Receipt  
10 / 26 / 2015  
**Transaction ID : SA11.16036999**  
Amount of Each Receipt this Period 18.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 48.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 383 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. BOBBY K. MURRAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 169 MADISON POINTE  
 City SENECA State SC Zip Code 29678-1162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16037035**  
 Amount of Each Receipt this Period  
 15.00  
 CONTRIBUTION

**B. JAMES L. MYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 95 QUARTER LANDING RD  
 City ANNAPOLIS State MD Zip Code 21403-2334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation COUNSEL DEAL MAKER & REAL ESTATE DI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033750**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**C. JAMES L. MYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 95 QUARTER LANDING RD  
 City ANNAPOLIS State MD Zip Code 21403-2334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation COUNSEL DEAL MAKER & REAL ESTATE DI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034564**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 384 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JERALD MYERS**

Mailing Address 1021 AVONDALE CIR

City State Zip Code  
LAS CRUCES NM 88005-1251

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031738**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DORIS MYRACLE**

Mailing Address 16005 N. 21ST LANE

City State Zip Code  
PHOENIX AZ 85023-9209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033759**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DORIS MYRACLE**

Mailing Address 16005 N. 21ST LANE

City State Zip Code  
PHOENIX AZ 85023-9209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16038000**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 385 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. MARY A. NAJARIAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 463 SUMMIT ST.  
City ENGLEWOOD CLIFFS State NJ Zip Code 07632-1715  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
10 / 07 / 2015  
**Transaction ID : SA11.16028588**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**B. MRS. MARY A. NAJARIAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 463 SUMMIT ST.  
City ENGLEWOOD CLIFFS State NJ Zip Code 07632-1715  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
10 / 28 / 2015  
**Transaction ID : SA11.16038322**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**C. MR. SOLOMON D. NAMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15220 SO. BROADWAY  
City GARDENA State CA Zip Code 90248-1824  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MECHANICAL METAL FINISHING CO. INC. Occupation CORP, PRES.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
10 / 04 / 2015  
**Transaction ID : SA11.16026034**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 386 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. RALPH D. NAVARRETTA**

Mailing Address 5948 NEWBURY CIR

City State Zip Code  
MELBOURNE FL 32940-1880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027080**

Amount of Each Receipt this Period  
115.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. CARMEN R. NAZARIO**

Mailing Address 2560 45TH ST  
APT 1F

City State Zip Code  
ASTORIA NY 11103-1104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REGO PARK LIBERAL HEALTH CARE CNA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040980**

Amount of Each Receipt this Period  
34.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MARION NAZIMIEC**

Mailing Address 300 IDLEWOOD DRIVE

City State Zip Code  
BONAIRE GA 31005-3009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033902**

Amount of Each Receipt this Period  
30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 179.00

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

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

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

FOR LINE NUMBER: PAGE 387 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. GERALDINE NEELY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 W ELM ST  
 APT 204  
 City LIMA State OH Zip Code 45805-2545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16041398**  
 Amount of Each Receipt this Period  
 110.00  
 CONTRIBUTION

**B. KELLY J. NEIL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 114 INEZ PLACE  
 City MILL VALLEY State CA Zip Code 94941-2411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036235**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. CHRISTINE E. NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3016 OVERTON WAY  
 City ROSEVILLE State CA Zip Code 95747-9040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 203.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032866**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 560.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 388 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. CHRISTINE E. NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3016 OVERTON WAY  
 City ROSEVILLE State CA Zip Code 95747-9040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 203.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033033**  
 Amount of Each Receipt this Period  
 3.00  
 CONTRIBUTION

**B. MS. RUTH L. NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1116 MACE AVE  
 City BRONX State NY Zip Code 10469-5305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 915.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033430**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MS. RUTH L. NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1116 MACE AVE  
 City BRONX State NY Zip Code 10469-5305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 915.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035172**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 203.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 389 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. STEVEN NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 217 CHARLESTON

City VICTORIA State TX Zip Code 77904-3826

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA11.16028146**

Amount of Each Receipt this Period 25.00

CONTRIBUTION

**B. LAWRENCE M. NEPJUK**  
Full Name (Last, First, Middle Initial)

Mailing Address 6430 HERON PARK WAY

City CLARKSTON State MI Zip Code 48346-4803

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2015  
**Transaction ID : SA11.16031999**

Amount of Each Receipt this Period 15.00

CONTRIBUTION

**C. MR. WILLIAM NEVILLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3109 HADDONSTONE DRIVE

City OWENS CROSS ROADS State AL Zip Code 35763-8435

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation INVESTOR IN BUILDING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034590A**

Amount of Each Receipt this Period 50.00

CONTRIBUTION

CHARGED BACK \$50.00 ON 10/22/2015

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 390 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. WILLIAM NEVILLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3109 HADDONSTONE DRIVE  
City OWENS CROSS ROADS State AL Zip Code 35763-8435  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation INVESTOR IN BUILDING  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **265.00**

Date of Receipt **10 / 22 / 2015**  
**Transaction ID : SA11.16034590B**  
Amount of Each Receipt this Period **-50.00**  
CONTRIBUTION  
CHARGED BACK

**B. MRS. ELISABETH NEWSONE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 204 BLAIR ST  
City CUMBERLAND State KY Zip Code 40823-1710  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HOMEMAKER Occupation HOMEMAKER  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **425.00**

Date of Receipt **10 / 06 / 2015**  
**Transaction ID : SA11.16027635**  
Amount of Each Receipt this Period **5.00**  
CONTRIBUTION

**C. MR. AN NGUYEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2410 CAPEHART RD  
City HENRICO State VA Zip Code 23294-3528  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **230.00**

Date of Receipt **10 / 22 / 2015**  
**Transaction ID : SA11.16035096**  
Amount of Each Receipt this Period **45.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 391 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. AN NGUYEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2410 CAPEHART RD  
 City State Zip Code  
 HENRICO VA 23294-3528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036853**  
 Amount of Each Receipt this Period  
 15.00  
 CONTRIBUTION

**B. LOAN KIM NGUYEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 248 CARMEL AVE APT 24  
 City State Zip Code  
 MARINA CA 93933-3005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036664**  
 Amount of Each Receipt this Period  
 120.00  
 CONTRIBUTION

**C. TRAC NGUYEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2574 SHERBROOKE DR. NE  
 City State Zip Code  
 ATLANTA GA 30345-1939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 245.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16041078**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 392 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JD NICHOLS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 600 NORTH HURSTBOURNE

City	State	Zip Code
LOUISVILLE	KY	40222-5385

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NTS COLRP	REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

**Transaction ID : SA11.16035703A**

Amount of Each Receipt this Period  

250.00
--------

**CONTRIBUTION**  
 CHARGED BACK \$250.00 ON 10/26/2015

**B. JD NICHOLS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 600 NORTH HURSTBOURNE

City	State	Zip Code
LOUISVILLE	KY	40222-5385

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NTS COLRP	REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

**Transaction ID : SA11.16035703B**

Amount of Each Receipt this Period  

-250.00
---------

**CONTRIBUTION**  
 CHARGED BACK

**C. JD NICHOLS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 600 NORTH HURSTBOURNE

City	State	Zip Code
LOUISVILLE	KY	40222-5385

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NTS COLRP	REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

**Transaction ID : SA11.16035704A**

Amount of Each Receipt this Period  

250.00
--------

**CONTRIBUTION**  
 CHARGED BACK \$250.00 ON 10/26/2015

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 393 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. JD NICHOLS</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015
Mailing Address 600 NORTH HURSTBOURNE		<b>Transaction ID : SA11.16035704B</b>
City LOUISVILLE	State KY	Zip Code 40222-5385
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period -250.00
Name of Employer NTS COLRP	Occupation REAL ESTATE	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	CHARGED BACK

Full Name (Last, First, Middle Initial) <b>B. JD NICHOLS</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015
Mailing Address 600 NORTH HURSTBOURNE		<b>Transaction ID : SA11.16035705</b>
City LOUISVILLE	State KY	Zip Code 40222-5385
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period -250.00
Name of Employer NTS COLRP	Occupation REAL ESTATE	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	CHARGED BACK

Full Name (Last, First, Middle Initial) <b>C. JD NICHOLS</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015
Mailing Address 600 NORTH HURSTBOURNE		<b>Transaction ID : SA11.16035706</b>
City LOUISVILLE	State KY	Zip Code 40222-5385
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period -250.00
Name of Employer NTS COLRP	Occupation REAL ESTATE	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	CHARGED BACK

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	-750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 394 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JD NICHOLS**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 NORTH HURSTBOURNE

City LOUISVILLE State KY Zip Code 40222-5385

FEC ID number of contributing federal political committee. **C**

Name of Employer NTS COLRP Occupation REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16035707**

Amount of Each Receipt this Period  
 -250.00

CONTRIBUTION

CHARGED BACK

**B. JD NICHOLS**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 NORTH HURSTBOURNE

City LOUISVILLE State KY Zip Code 40222-5385

FEC ID number of contributing federal political committee. **C**

Name of Employer NTS CORP Occupation REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16035708**

Amount of Each Receipt this Period  
 -250.00

CONTRIBUTION

CHARGED BACK

**C. MS. PHYLLIS NICHOLAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 HOWARD ROAD

City GREENWICH State CT Zip Code 06831-3104

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16045619**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	-300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 395 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. WILLIAM NICHOLS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 PHEASANT RUN DR.  
 City DANVILLE State CA Zip Code 94506-5829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16045623**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. CHARLES NIELSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5101 UNION CAMP DRIVE  
 City FAIRFAX STATION State VA Zip Code 22039-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 356.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030575**  
 Amount of Each Receipt this Period 105.00  
 CONTRIBUTION

**C. MR. CHARLES N. NIELSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6101 UNION CAMP DR.  
 City FAIRFAX STATION State VA Zip Code 22039-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA11.16038132**  
 Amount of Each Receipt this Period 125.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 480.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 396 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. INGO NIKOLEY**

Mailing Address 1070 DELL WEBB PKWY W

City State Zip Code  
RENO NV 89523-2889

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039047**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. STEPHEN G. NORCROSS**

Mailing Address 2531 E EDGAR

City State Zip Code  
FRESNO CA 93706-5410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FRUIT FILLINGS INC OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033773**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. STEPHEN G. NORCROSS**

Mailing Address 2531 E EDGAR

City State Zip Code  
FRESNO CA 93706-5410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FRUIT FILLINGS INC OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033774**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00

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

**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)	PAGE 397 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ERIC NORTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 649 CLOVER RD

City WAUCONDA State IL Zip Code 60084-1112

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **318.25**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2015  
**Transaction ID : SA11.16029027**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

**B. LAUREN O' BRIEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 13TH STREET NW, 11TH FLOOR SOU

City WASHINGTON State DC Zip Code 20005-

FEC ID number of contributing federal political committee. **C**

Name of Employer REPUBLIC CONSULTING Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **710.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16029151**

Amount of Each Receipt this Period  
 142.00

CONTRIBUTION

**C. JOHN O' CONNOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 3158 GRACEFIELD ROAD, APT. 314

City SILVER SPRING State MD Zip Code 20904-0819

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036726**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **202.00**

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

**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)	PAGE 398 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JOHN O'DONNELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 150 N RIVERSIDE  
City CHICAGO State IL Zip Code 60606-3907  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16039124**  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION

**B. MR. LAWRENCE H. O'NEILL JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 KENSINGTON DR.  
City RANDOLPH State NJ Zip Code 07869-3758  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035190**  
Amount of Each Receipt this Period 300.00  
CONTRIBUTION

**C. MS. ALEC E. OBERSCHMIDT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3202 UDALL ST  
City SAN DIEGO State CA Zip Code 92106-1655  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA11.16028391**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 399 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. ADELAIDA E. OBREGON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5550 COLUMBIA PIKE APT 515  
 City ARLINGTON State VA Zip Code 22204-3148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 501.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030710**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MS. ADELAIDA E. OBREGON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5550 COLUMBIA PIKE APT 515  
 City ARLINGTON State VA Zip Code 22204-3148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 501.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16032870**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MICHAEL OBRIEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3700 WOODBINE STREET  
 City CHEVY CHASE State MD Zip Code 20815-4955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PWC Occupation MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1562.50

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038651**  
 Amount of Each Receipt this Period 312.50  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 412.50  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 400 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. KENNETH ODAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3401 N LAKEVIEW DRIVE APT 1308

City TAMPA	State FL	Zip Code 33618-1360
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PUBLIX GROUP	Occupation GROCERY
----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

**Transaction ID : SA11.16028483**

Amount of Each Receipt this Period  

60.00
-------

**CONTRIBUTION**

**B. KENNETH ODAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3401 N LAKEVIEW DRIVE APT 1308

City TAMPA	State FL	Zip Code 33618-1360
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PUBLIX GROUP	Occupation GROCERY
----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

**Transaction ID : SA11.16034746**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**

**C. NORMAN ODELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 940 ANNISTON AVE

City GULFPORT	State MS	Zip Code 39507-2731
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

**Transaction ID : SA11.16028480**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. NORMAN ODELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 940 ANNISTON AVE  
 City State Zip Code  
 GULFPORT MS 39507-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031426**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

**B. NORMAN ODELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 940 ANNISTON AVE  
 City State Zip Code  
 GULFPORT MS 39507-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032438**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. NORMAN ODELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 940 ANNISTON AVE  
 City State Zip Code  
 GULFPORT MS 39507-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035715**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 402 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. NORMAN ODELL**

Mailing Address 940 ANNISTON AVE

City State Zip Code  
GULFPORT MS 39507-2731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036720**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. NORMAN ODELL**

Mailing Address 940 ANNISTON AVE

City State Zip Code  
GULFPORT MS 39507-2731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040940**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. GENE T. OFFREDI**

Mailing Address 652 BOSTON POST ROAD, SUITE 3

City State Zip Code  
GUILFORD CT 06437-2748

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED FINANCIAL COACH

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028041**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

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

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. LAWRENCE E. OGBURN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1937 TOPAZ AVE  
 City VENTURA State CA Zip Code 93004-3156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031425**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MR. LAWRENCE E. OGBURN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1937 TOPAZ AVE  
 City VENTURA State CA Zip Code 93004-3156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036446**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MR. JOHN OGREN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12568 MEMORIAL DRIVE  
 City HOUSTON State TX Zip Code 77024-6004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF( )  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16045866**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ROBERT A. OLIVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 10951  
 City RENO State NV Zip Code 89510-0951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030734**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. MS. EVELYN F. OLSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23290 HOMEDALE RD  
 City WILDER State ID Zip Code 83676-5802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028511**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. MS. ANDREA OLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 BRIDGE ST SE P.O. BOX 882  
 City ORTING State WA Zip Code 98360-0882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOEING MATERIAL HANDLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045749**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. GAIL OLT**  
 Mailing Address 2218 TALL TIMBER CT  
 City State Zip Code  
 FAIRBORN OH 45324-6419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED 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 Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033517**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. HELEN G. ONEAL**  
 Mailing Address 4507 ASHE DR.  
 City State Zip Code  
 BURLINGTON NC 27215-8729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031622**  
 Amount of Each Receipt this Period  
 40.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. HELEN G. ONEAL**  
 Mailing Address 4507 ASHE DR.  
 City State Zip Code  
 BURLINGTON NC 27215-8729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033404**  
 Amount of Each Receipt this Period  
 40.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. HELEN G. ONEAL**  
 Mailing Address 4507 ASHE DR.  
 City State Zip Code  
 BURLINGTON NC 27215-8729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035333**  
 Amount of Each Receipt this Period  
 40.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JOHN J. ONEIL**  
 Mailing Address 1534 STATE ROUTE 12  
 City State Zip Code  
 BINGHAMTON NY 13901-5505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MR ROOTER PLUMBING MAINTENANCE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036754**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. C. LEON ONIONS**  
 Mailing Address 1500 TERRACE AVE  
 City State Zip Code  
 LIBERAL KS 67901-5708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040762**  
 Amount of Each Receipt this Period  
 40.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ANDRES ORNELAS ORTIZ**  
 Mailing Address 2661 MOGFORD RD  
 City State Zip Code  
 SAN ANTONIO TX 78264-9234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16029697**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. BETTY-ANN OUZTS**  
 Mailing Address 2611 W AVENUE N  
 City State Zip Code  
 PALMDALE CA 93551-2423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030701**  
 Amount of Each Receipt this Period  
 70.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. ELIZABETH E. OWSLEY**  
 Mailing Address 700 N MAIN ST. APT. 273  
 City State Zip Code  
 EUREKA IL 61530-1049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032961**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 408 OF 824  
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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 (Last, First, Middle Initial)  
**A. MRS. CYNTHIA S. PADGETT**  
 Mailing Address 111 CASTLEWOOD RD.  
 City State Zip Code  
 BALTIMORE MD 21210-1360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038364**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. G. RUFFNER PAGE JR.**  
 Mailing Address 3132 OVERHILL ROAD  
 City State Zip Code  
 BIRMINGHAM AL 35223-1248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MC WANE, INC. PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 20000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16038106**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. GIGI PAGE**  
 Mailing Address 125 E JACKSON BLVD #116  
 City State Zip Code  
 JONESBOROUGH TN 37659-5198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED CHOCOLATIER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2015  
**Transaction ID : SA11.16032356**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10125.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 409 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MATT PANDOL JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32540 PETERSON RD.  
 City DELANO State CA Zip Code 93215-9368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PANDOL BROS INC Occupation FARM MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035864**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MS. DANNELL PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1157 DREWS BURY CT SE  
 City SMYRNA State GA Zip Code 30080-3953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2015  
**Transaction ID : SA11.16032231**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. MS. DANNELL PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1157 DREWS BURY CT SE  
 City SMYRNA State GA Zip Code 30080-3953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2015  
**Transaction ID : SA11.16032232**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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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 (Last, First, Middle Initial)  
**A. MS. DANNELL PARKER**

Mailing Address 1157 DREWS BURY CT SE

City State Zip Code  
SMYRNA GA 30080-3953

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036722**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. FOXHALL PARKER**

Mailing Address INFO REQUESTED

City State Zip Code  
POUND RIDGE NY 10576-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2015  
**Transaction ID : SA11.16026006**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. FOXHALL A. PARKER**

Mailing Address 205 HONEY HOLLOW ROAD

City State Zip Code  
POUND RIDGE NY 10576-1109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031076**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00

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

**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)	PAGE 411 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. FOXHALL A. PARKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 205 HONEY HOLLOW ROAD  
City POUND RIDGE State NY Zip Code 10576-1109  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 25 / 2015  
**Transaction ID : SA11.16035676**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**B. DR. KERMIT M. PARKS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 614 CHAMPAGNOLLE RD  
City EL DORADO State AR Zip Code 71730-4734  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16037293**  
Amount of Each Receipt this Period 110.00  
CONTRIBUTION

**C. MS. MARTHA PARKS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2815 SIMONDALE DR.  
City FORT WORTH State TX Zip Code 76109-1255  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2015  
**Transaction ID : SA11.16029388**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 410.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 412 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. TERRY PARSONS**

Mailing Address 16 CHERRYWOOD RD

City State Zip Code  
LOCUST VALLEY NY 11560-2411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED DESIGNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
10 / 15 / 2015  
**Transaction ID : SA11.16031120**

Amount of Each Receipt this Period  
110.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. TERRY PARSONS**

Mailing Address 16 CHERRYWOOD RD

City State Zip Code  
LOCUST VALLEY NY 11560-2411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED DESIGNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
10 / 30 / 2015  
**Transaction ID : SA11.16039524**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. SANFORD PASSER**

Mailing Address 28400 NORTHWESTERN HWY SUITE 130

City State Zip Code  
SOUTHFIELD MI 48034-8346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
515.00

Date of Receipt  
10 / 17 / 2015  
**Transaction ID : SA11.16032246**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00

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

**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)	PAGE 413 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MAXINE PATE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7500 NE 113TH ST  
City KANSAS CITY State MO Zip Code 64157-8175  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation NONE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16027129**  
Amount of Each Receipt this Period 35.00  
CONTRIBUTION

**B. MAXINE PATE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7500 NE 113TH ST  
City KANSAS CITY State MO Zip Code 64157-8175  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation NONE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 21 / 2015  
**Transaction ID : SA11.16034733**  
Amount of Each Receipt this Period 40.00  
CONTRIBUTION

**C. MR. GEORGE W. PATRICK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20659BENTWOOD OAKS DR.  
City PORTER State TX Zip Code 77365-6337  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 21 / 2015  
**Transaction ID : SA11.16034495**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 414 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. LEONA B. PATTERSON**

Mailing Address 16351 HOWLAND LANE

City State Zip Code  
HUNTINGTON BEACH CA 92647-4011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037565**

Amount of Each Receipt this Period  
 30.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. EMMA S. PATTIE**

Mailing Address 2404 RAYMOND PL

City State Zip Code  
HAYMARKET VA 20169-1541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11.16026240**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. EMMA S. PATTIE**

Mailing Address 2404 RAYMOND PL

City State Zip Code  
HAYMARKET VA 20169-1541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16037207**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

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

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

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

FOR LINE NUMBER: PAGE 415 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. DOROTHY M. PAZEL**  
 Mailing Address 1640 CREEK DR.  
 City State Zip Code  
 WAYMART PA 18472-4500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11.16032491**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. DOROTHY M. PAZEL**  
 Mailing Address 1640 CREEK DR.  
 City State Zip Code  
 WAYMART PA 18472-4500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040681**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. BERTHA DAVIS PEARCE**  
 Mailing Address 17 RIDGECREST DR.  
 City State Zip Code  
 EASTABOGA AL 36260-5457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 725.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035826**  
 Amount of Each Receipt this Period  
 140.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 190.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 416 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JOSEPHINE PECARO**

Mailing Address 2334 S CYPRESS BEND DR. APT. 405

City State Zip Code  
POMPANO BEACH FL 33069-5628

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2015  
**Transaction ID : SA11.16031379**

Amount of Each Receipt this Period  
2015  
15.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MARIA PEDRAYES**

Mailing Address 3634 SW 112TH AVE

City State Zip Code  
MIAMI FL 33165-3445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2015  
**Transaction ID : SA11.16036424**

Amount of Each Receipt this Period  
2015  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. LORETTA PELLERANO**

Mailing Address 2800 KIRBY DRIVE  
A503

City State Zip Code  
HOUSTON TX 77098-1273

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ORACLE CORPORATION ACCOUNT MANAGER

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2015  
**Transaction ID : SA11.16045753**

Amount of Each Receipt this Period  
2015  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.00

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



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

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

FOR LINE NUMBER: PAGE 417 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. LEWIS S. PEMBERTON**

Mailing Address **9820 STONEBRIDGE DR.**

City State Zip Code  
**YUKON OK 73099-3247**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**MIKE JORDAN CO. SALES**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 29 / 2015**

**Transaction ID : SA11.16038966**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. EUGENE PEPE**

Mailing Address **50-BANK ST**

City State Zip Code  
**WHITE PLAINS NY 10606-1903**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SELF EMPLOYED AUTO DEALER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 29 / 2015**

**Transaction ID : SA11.16038580**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOSEPH PERILLO**

Mailing Address **347 WATER FRONT DR.**

City State Zip Code  
**WILKESBORO NC 28697-8428**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 26 / 2015**

**Transaction ID : SA11.16036261**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <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
	PAGE 418 OF 824								

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ALMER G. PERKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1566 BLUEBELL

City HARTFORD	State WI	Zip Code 53027-8403
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>215.00</b>	

Date of Receipt  
**10 / 21 / 2015**  
Transaction ID : **SA11.16034659**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

**B. MR. ALMER G. PERKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1566 BLUEBELL

City HARTFORD	State WI	Zip Code 53027-8403
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>215.00</b>	

Date of Receipt  
**10 / 30 / 2015**  
Transaction ID : **SA11.16040920**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

**C. GROVER PERRIGUE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 776 SOUTH ORANGE GROVE BLVD., #3

City PASADENA	State CA	Zip Code 91105-1775
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Date of Receipt  
**10 / 16 / 2015**  
Transaction ID : **SA11.16032135**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 419 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JAY PERRON**  
 Mailing Address 1441 CONSTITUTION AVE NE  
 City State Zip Code  
 WASHINGTON DC 20002-6421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AHIP N/A  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035518**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. ADDIE M. PERRY**  
 Mailing Address 865 OLD DALTON RD. NE  
 City State Zip Code  
 ROME GA 30165-9096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1705.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026656**  
 Amount of Each Receipt this Period  
 105.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ADDIE M. PERRY**  
 Mailing Address 865 OLD DALTON RD. NE  
 City State Zip Code  
 ROME GA 30165-9096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1705.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031394**  
 Amount of Each Receipt this Period  
 105.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 310.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 420 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MS. ADDIE M. PERRY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2015 <b>Transaction ID : SA11.16036615</b>
Mailing Address 865 OLD DALTON RD. NE		Amount of Each Receipt this Period 105.00
City ROME	State GA	Zip Code 30165-9096
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1705.00	

Full Name (Last, First, Middle Initial) <b>B. MS. ADDIE M. PERRY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2015 <b>Transaction ID : SA11.16037754</b>
Mailing Address 865 OLD DALTON RD. NE		Amount of Each Receipt this Period 25.00
City ROME	State GA	Zip Code 30165-9096
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1705.00	

Full Name (Last, First, Middle Initial) <b>C. MRS. AGNES PESTI-CRUSOE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2015 <b>Transaction ID : SA11.16034974</b>
Mailing Address 41150 FOX RUN APT WB406		Amount of Each Receipt this Period 50.00
City NOVI	State MI	Zip Code 48377-4862
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 421 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. BRUCE PETERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 928 SO HIGH ST  
City DENVER State CO Zip Code 80209-4551  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RIO GRANDE CO Occupation MANAGER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16045868**  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION

**B. MR. DONALD C. PETERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 160 CAYMUS COURT  
City SUNNYVALE State CA Zip Code 94086-7023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030899**  
Amount of Each Receipt this Period 30.00  
CONTRIBUTION

**C. MS. EVELYN PETERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 920 GREENFIELD DR.  
City MANSFIELD State OH Zip Code 44904-2116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 405.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030709**  
Amount of Each Receipt this Period 35.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 565.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 422 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JAY L. PETERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3811 DARWIN ROAD

City DURHAM State NC Zip Code 27707-5307

FEC ID number of contributing federal political committee. **C**

Name of Employer DURHAM TECH COMMUNITY COLLEGE Occupation PROFESSOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036849**

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**B. MR. JEROME Q. PETERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2610 CHAPEL LAKE DRIVE #408

City GAMBRILLS State MD Zip Code 21054-1758

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035779**

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**C. MR. JOEL T. PETERSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1025 W 5000 S

City SPANISH FORK State UT Zip Code 84660-5142

FEC ID number of contributing federal political committee. **C**

Name of Employer PETERSEN PAINTING INC. Occupation CONTRACTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035171**

Amount of Each Receipt this Period 50.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 423 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DR. ROY E. PETERSON**  
 Mailing Address 5542 WHITEHEAD ST  
 City State Zip Code  
 BRADENTON FL 34203-8083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 U.S. SUGAR CORPORATION EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11.16033834**  
 Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT L. PFEIFER**  
 Mailing Address 243 WATER ST.  
 City State Zip Code  
 NEWARK OH 43055-5235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LICKING COUNTY TRANSIT DRIVER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034469**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. THANH V. PHAM**  
 Mailing Address 3120 COFER RD  
 City State Zip Code  
 RICHMOND VA 23224-6402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027923**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2035.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 424 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. THANH V. PHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3120 COFER RD  
 City RICHMOND State VA Zip Code 23224-6402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035216**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MR. THANH V. PHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3120 COFER RD  
 City RICHMOND State VA Zip Code 23224-6402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA11.16038130**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MR. CHARLES D. PHIPPS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 POPE ST APT B106  
 City SALEM State MA Zip Code 01970-2151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031180**  
 Amount of Each Receipt this Period 30.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 425 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. MILDRED PIDWELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8055 LONG FOREST DR. APT 216  
City BRECKSVILLE State OH Zip Code 44141-1846  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 202.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16033105**  
Amount of Each Receipt this Period 300.00  
CONTRIBUTION

**B. MS. E. GRACE PILOT**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 91206  
City MOBILE State AL Zip Code 36691-1206  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PILOT CATASTROPHE SERVICES Occupation VICE PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16043199**  
Amount of Each Receipt this Period 10000.00  
CONTRIBUTION

**C. MR. GUY C. PINKERTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 514 NE 97TH #301  
City SEATTLE State WA Zip Code 98115-2104  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036653**  
Amount of Each Receipt this Period 200.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 10230.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 426 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. STEPHEN PINKERTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1414 COUNTRY CLUB RD  
City ARKADELPHIA State AR Zip Code 71923-3105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030972**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**B. MR. STEPHEN PINKERTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1414 COUNTRY CLUB RD  
City ARKADELPHIA State AR Zip Code 71923-3105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16033298**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. CONNIE PLOURDE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8574 EAGLE LANE  
City BREEZY POINT State MN Zip Code 56472-3197  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2015  
**Transaction ID : SA11.16035665**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 427 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. COL ARNOLD RAY POLLARD</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 14 / 2015 <b>Transaction ID : SA11.16031444</b>
Mailing Address 2204 CANYON TRL		Amount of Each Receipt this Period 150.00
City CARROLLTON	State TX	Zip Code 75007-1630
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. COL ARNOLD RAY POLLARD</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 <b>Transaction ID : SA11.16040412</b>
Mailing Address 2204 CANYON TRL		Amount of Each Receipt this Period 200.00
City CARROLLTON	State TX	Zip Code 75007-1630
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. MR. GREGORY POOLE</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 05 / 2015 <b>Transaction ID : SA11.16027078</b>
Mailing Address P.O. BOX 793		Amount of Each Receipt this Period 20.00
City SWAINSBORO	State GA	Zip Code 30401-0793
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 428 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. GREGORY POOLE**  
 Mailing Address P.O. BOX 793  
 City State Zip Code  
 SWAINSBORO GA 30401-0793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028658**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GREGORY POOLE**  
 Mailing Address P.O. BOX 793  
 City State Zip Code  
 SWAINSBORO GA 30401-0793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033900**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. GREGORY POOLE**  
 Mailing Address P.O. BOX 793  
 City State Zip Code  
 SWAINSBORO GA 30401-0793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16036068**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 429 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DAVID POPP**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 SHERIDAN AVE APT 16

City HOXIE State KS Zip Code 67740-9627

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 27 / 2015  
Transaction ID : SA11.16037703

Amount of Each Receipt this Period 50.00

CONTRIBUTION

**B. MR. SCOTT D. PORTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 203 STRATTON WAY

City DECATUR State IN Zip Code 46733-1717

FEC ID number of contributing federal political committee. **C**

Name of Employer FORMULA BOATS Occupation MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 21 / 2015  
Transaction ID : SA11.16034575

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**C. MR. SCOTT D. PORTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 203 STRATTON WAY

City DECATUR State IN Zip Code 46733-1717

FEC ID number of contributing federal political committee. **C**

Name of Employer FORMULA BOATS Occupation MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 28 / 2015  
Transaction ID : SA11.16038038

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

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

**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)	PAGE 430 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. THOMAS DUANE POTTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 149536 PAUL DR.  
City LA PINE State OR Zip Code 97739-9298  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034075**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**B. MR. MICHAEL PREMUS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 56 AINSWORTH AVE  
City STATEN ISLAND State NY Zip Code 10308-3020  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SOUTH BEACH PSYCH Occupation PHARMACIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16045852**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. MRS. HARRIET PRESTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 509 LANE G  
City HASTINGS State NE Zip Code 68901-6516  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HOMEMAKER Occupation HOMEMAKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16037246**  
Amount of Each Receipt this Period 45.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 170.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 431 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. MARY H. PREUSS**  
 Mailing Address 145 TIMBERLANE DR.  
 City State Zip Code  
 PITTSBURGH PA 15229-1058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PENN STATE UNIVERSITY PROFESSOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027480**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. MARY H. PREUSS**  
 Mailing Address 145 TIMBERLANE DR.  
 City State Zip Code  
 PITTSBURGH PA 15229-1058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PENN STATE UNIVERSITY PROFESSOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039464**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JOHN PREWITT**  
 Mailing Address 35626 BOVARD ST  
 City State Zip Code  
 WILDOMAR CA 92595-7110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027160**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 432 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. JOAN M. PRICE**  
 Mailing Address 7717 WINDSONG RD  
 City WINDSOR State CO Zip Code 80550-3400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CUSTOM INSTALLERS LLC Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16045715**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. ROSE MARIE PRINC**  
 Mailing Address 2020 BAY TREE DR.  
 City LAS VEGAS State NV Zip Code 89134-5235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation 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 Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040356**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. LOIS PRINDLE**  
 Mailing Address S10W31599 GLACIER PASS  
 City DELAFIELD State WI Zip Code 53018-3413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16030411**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 155.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 433 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ROBERT M. PRIOLEAU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 S BATTERY ST  
 City CHARLESTON State SC Zip Code 29401-2727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031377**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MR. FRITZ PRITCHETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14499 N LINE POST LN  
 City ORO VALLEY State AZ Zip Code 85755-6664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 08 / 2015  
**Transaction ID : SA11.16028866**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MR. JACK PRITCHARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1004 HOLIDAY ST  
 City PLAINVIEW State TX Zip Code 79072-6044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 15 / 2015  
**Transaction ID : SA11.16032017**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 275.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 434 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. ROSEMARY K. PROWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3997 MISTRAL DR  
 City HUNTINGTON BEACH State CA Zip Code 92649-2161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16028952**  
 Amount of Each Receipt this Period 110.00  
 CONTRIBUTION

**B. MR. TERRY PRUDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2712 FERNDAL  
 City HOUSTON State TX Zip Code 77098-1114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027485**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MR. TERRY PRUDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2712 FERNDAL  
 City HOUSTON State TX Zip Code 77098-1114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16034871**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 435 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. JAY R. PRYOR</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 <b>Transaction ID : SA11.16031153</b>
Mailing Address 5355 MEMORIAL DR. STE. F611		Amount of Each Receipt this Period 33400.00
City HOUSTON	State TX	Zip Code 77007-8209
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer CHEVRON	Occupation VICE PRESIDENT, BUSINESS DEVELOPMEN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 33400.00	

Full Name (Last, First, Middle Initial) <b>B. RICHARD P. PUCKETT</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 <b>Transaction ID : SA11.16040664</b>
Mailing Address 1910 LONGWOOD LN		Amount of Each Receipt this Period 200.00
City BLOOMINGTON	State IL	Zip Code 61704-8346
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2375.00	

Full Name (Last, First, Middle Initial) <b>C. JUAN PUJOL</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 <b>Transaction ID : SA11.16041106</b>
Mailing Address 161 NW 68TH CT		Amount of Each Receipt this Period 250.00
City MIAMI	State FL	Zip Code 33126-4440
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation LOCKSMITH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	33850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 436 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOHN PUK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3469 STONE CT  
City MARION State IA Zip Code 52302-9435  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16035691**  
Amount of Each Receipt this Period 440.00  
CONTRIBUTION

**B. MR. MORRIS W. PULLIAM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9485 HUNT CLUB TRAIL NE  
City WARREN State OH Zip Code 44484-1740  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16039958**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**C. MR. ROGER H. PURRINGTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 53 RILEY ROAD  
City FAYETTE State ME Zip Code 04349-3532  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030877**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 590.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 437 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. RAYMOND F. PUSCZAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 132 WILMA PL.  
City PARK RIDGE State IL Zip Code 60068-2763  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 15 / 2015  
**Transaction ID : SA11.16032074**  
Amount of Each Receipt this Period 20.00  
CONTRIBUTION

**B. KATHRYN PUTMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5493 AL HWY 204  
City JACKSONVILLE State AL Zip Code 36265-5545  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HOMEMAKER Occupation HOMEMAKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 305.00

Date of Receipt 10 / 02 / 2015  
**Transaction ID : SA11.16026324**  
Amount of Each Receipt this Period 40.00  
CONTRIBUTION

**C. KATHRYN PUTMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5493 AL HWY 204  
City JACKSONVILLE State AL Zip Code 36265-5545  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HOMEMAKER Occupation HOMEMAKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 305.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035014**  
Amount of Each Receipt this Period 30.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 438 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. KATHRYN PUTMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5493 AL HWY 204

City JACKSONVILLE State AL Zip Code 36265-5545

FEC ID number of contributing federal political committee. **C**

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.00**

Date of Receipt: **10 / 23 / 2015**

**Transaction ID : SA11.16035914**

Amount of Each Receipt this Period: **25.00**

CONTRIBUTION

**B. MR. JAMES L. QUINN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3310 FAIRMOUNT ST  
APT 8D

City DALLAS State TX Zip Code 75201-1238

FEC ID number of contributing federal political committee. **C**

Name of Employer: **QUINN PRINTING CO.** Occupation: **PRINT SHOP OPERATOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt: **10 / 13 / 2015**

**Transaction ID : SA11.16029639**

Amount of Each Receipt this Period: **200.00**

CONTRIBUTION

**C. MRS. SOPHIE QUINTANA**  
Full Name (Last, First, Middle Initial)

Mailing Address 490 ALICE AVE

City PORTERVILLE State CA Zip Code 93257-2112

FEC ID number of contributing federal political committee. **C**

Name of Employer: **RETIRED** Occupation: **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt: **10 / 01 / 2015**

**Transaction ID : SA11.16024894**

Amount of Each Receipt this Period: **110.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>335.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 439 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. BILL RAATHS**

Mailing Address 1234 LAKESHORE DR.

City State Zip Code  
MENASHA WI 54952-1322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 31 / 2015  
**Transaction ID : SA11.16039950**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HOLLIS W. RADEMACHER**

Mailing Address 1719 LOWELL LN

City State Zip Code  
LAKE FOREST IL 60045-3784

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1515.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16029811**

Amount of Each Receipt this Period  
505.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ESTON TOM RADFORD**

Mailing Address 1172 ARTHUR LN

City State Zip Code  
CHRISTIANSBURG VA 24073-6536

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033940**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶  830.00

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

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

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

FOR LINE NUMBER: PAGE 440 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. PATRICK J. RAFFANIELLO**

Mailing Address 1161 OLD GATE COURT

City State Zip Code  
MCLEAN VA 22102-2532

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16034881**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. VIRGINIA RAHJA**

Mailing Address 2940 E 94TH PL

City State Zip Code  
TULSA OK 74137-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039314**

Amount of Each Receipt this Period  
55.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. KEN M. RALLS**

Mailing Address 6800 AUSTIN CENTER BLVD

City State Zip Code  
AUSTIN TX 78731-2446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
THE UNIV OF TEXAS AT AUSTIN PROFESSOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045769**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5080.00

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



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

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

FOR LINE NUMBER: PAGE 441 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JAMES B. RANDELS**

Mailing Address 1001MAR WALT DR.  
APT 218

City State Zip Code  
FT WALTON BEACH FL 32547-6746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039578**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. KATHLEEN RAO**

Mailing Address 3526 BENTRIDGE DR

City State Zip Code  
MEBANE NC 27302-8640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ROSEHILL COLLEGE PROFESSOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16035690**

Amount of Each Receipt this Period  
330.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ELEANOR L. RATHS**

Mailing Address 1144 GRANNY WHITE COURT

City State Zip Code  
NASHVILLE TN 37204-4115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038415**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶  405.00

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

**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)	PAGE 442 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. SARA LOVE RAWLINGS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 K STREET NW  
City WASHINGTON State DC Zip Code 20001-4211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BAKER DONELSON Occupation SENIOR ADVISOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16039927**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. MR. ROBERT REAGAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 404 BLACKLAND RD  
City ATLANTA State GA Zip Code 30342-4005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer REAGAN CONSULTING Occupation CONSULTANT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16045863**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**C. MR. WILLIAM D. REAVES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1804 OLD ORCHARD RD  
City FREE UNION State VA Zip Code 22940-9723  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 335.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035294**  
Amount of Each Receipt this Period 30.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 380.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 443 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. CRAIG RECKARD**  
 Mailing Address 107 NORTH WARWICK AVENUE  
 City WESTMONT State IL Zip Code 60559-1715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035514**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HENRY REDMOND**  
 Mailing Address 1800 BEACH DR. UNIT 94  
 City GULFPORT State MS Zip Code 39507-1578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031306**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RUSSELL C. REED**  
 Mailing Address 54 ASBURY LN  
 City ELYRIA State OH Zip Code 44035-0800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16041166**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 444 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. CLARK REID**  
Full Name (Last, First, Middle Initial)

Mailing Address **853 THE MASTERS BLVD**

City **SHALIMAR** State **FL** Zip Code **32579-1665**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **CONSULTANT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
 /  /   
**Transaction ID : SA11.16032179**

Amount of Each Receipt this Period  
  
**CONTRIBUTION**

**B. MR. RICHARD REID**  
Full Name (Last, First, Middle Initial)

Mailing Address **P.O. BOX 1473**

City **MADISON** State **VA** Zip Code **22727-1473**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt  
 /  /   
**Transaction ID : SA11.16037083**

Amount of Each Receipt this Period  
  
**CONTRIBUTION**

**C. MRS. EDNA A. REINKE**  
Full Name (Last, First, Middle Initial)

Mailing Address **1111 4TH ST # 205**

City **DESHLER** State **NE** Zip Code **68340-9616**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 /  /   
**Transaction ID : SA11.16041162**

Amount of Each Receipt this Period  
  
**CONTRIBUTION**

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

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

**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)	PAGE 445 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JIM REISKYTL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12423 N CENTER DR.  
 City MEQUON State WI Zip Code 53092-2655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2015  
**Transaction ID : SA11.16032076**  
 Amount of Each Receipt this Period 60.00  
 CONTRIBUTION

**B. MR. JOHN E. REMAKEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 461 MARCUS CT.  
 City MOAB State UT Zip Code 84532-2138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA11.16037991**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MR. JOHN E. REMAKEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 461 MARCUS CT.  
 City MOAB State UT Zip Code 84532-2138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16039998**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 446 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. LAVERNE RETTIG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22445 CUPERTINO RD  
City CUPERTINO State CA Zip Code 95014-1052  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 01 / 2015  
**Transaction ID : SA11.16024880**  
Amount of Each Receipt this Period 175.00  
CONTRIBUTION

**B. MR. DAVID REYNOLDS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5300 OAK LEA DR.  
City LOUISVILLE State KY Zip Code 40216-1408  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 16 / 2015  
**Transaction ID : SA11.16032588**  
Amount of Each Receipt this Period 20.00  
CONTRIBUTION

**C. MS. MILDRED REYNOLDS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3559 TACKETS BRANCH RD  
City PROSPECT State TN Zip Code 38477-6718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TECHNI-CORE ENGINEERING, INC Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16030404**  
Amount of Each Receipt this Period 225.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 420.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 447 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ROBERT L. REYNOLDS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1104RIO CIDADE WAY  
City SACRAMENTO State CA Zip Code 95831-4470  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2015  
**Transaction ID : SA11.16026079A**  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION  
CHARGED BACK \$500.00 ON 10/05/2015

**B. MR. ROBERT L. REYNOLDS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1104RIO CIDADE WAY  
City SACRAMENTO State CA Zip Code 95831-4470  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16026079B**  
Amount of Each Receipt this Period -500.00  
CONTRIBUTION  
CHARGED BACK

**C. MR. JOHN D. RHODES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 125 MAXINE DR.  
City SPENCER State IN Zip Code 47460-9788  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 415.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030986**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 448 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DR. EZRA RIBER**

Mailing Address 313 TRENTWOOD DRIVE

City State Zip Code  
COLUMBIA SC 29223-8417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : SA11.16031909**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. BARBARA E. RICE**

Mailing Address 3122 HIDDEN CREEK DR.

City State Zip Code  
CHICO CA 95973-5846

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
10 / 05 / 2015  
**Transaction ID : SA11.16026746**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. BARBARA E. RICE**

Mailing Address 3122 HIDDEN CREEK DR.

City State Zip Code  
CHICO CA 95973-5846

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
10 / 20 / 2015  
**Transaction ID : SA11.16034400**

Amount of Each Receipt this Period  
40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00

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



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

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

FOR LINE NUMBER: PAGE 449 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. BARBARA E. RICE**  
 Mailing Address 3122 HIDDEN CREEK DR.  
 City State Zip Code  
 CHICO CA 95973-5846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034763**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DON N. RICE**  
 Mailing Address 331 LAKE AVE  
 City State Zip Code  
 SUNAPEE NH 03782-2622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032788**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. GRIFFITH RICHARD**  
 Mailing Address 3417 MILON RD  
 City State Zip Code  
 HOUSTON TX 77002-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16030401**  
 Amount of Each Receipt this Period  
 380.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 710.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 450 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. SIDNEY H. RICHARDSON**

Mailing Address **2005 N HOOVER AVE**

City **CAMERON** State **TX** Zip Code **76520-2148**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt  
**10 / 26 / 2015**  
**Transaction ID : SA11.16036886**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. SHELDON B. RICHMAN**

Mailing Address **2741 CARTER FARM CT**

City **ALEXANDRIA** State **VA** Zip Code **22306-3242**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NOT EMPLOYED** Occupation **NOT EMPLOYED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**10 / 01 / 2015**  
**Transaction ID : SA11.16024985**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. SHELDON B. RICHMAN**

Mailing Address **2741 CARTER FARM CT**

City **ALEXANDRIA** State **VA** Zip Code **22306-3242**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NOT EMPLOYED** Occupation **NOT EMPLOYED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**10 / 05 / 2015**  
**Transaction ID : SA11.16026070**

Amount of Each Receipt this Period  
**-25.00**

CONTRIBUTION

CHARGED BACK

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **50.00**

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

**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)	PAGE 451 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 (Last, First, Middle Initial)  
**A. SHELDON B. RICHMAN**

Mailing Address 2741 CARTER FARM CT

City ALEXANDRIA State VA Zip Code 22306-3242

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : SA11.16038450**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MISS RUTH H. RICKENBACHER**

Mailing Address 109 COUPLES LANE

City NEW BERN State NC Zip Code 28560-9423

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2015

**Transaction ID : SA11.16032239**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MISS RUTH H. RICKENBACHER**

Mailing Address 109 COUPLES LANE

City NEW BERN State NC Zip Code 28560-9423

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : SA11.16038619**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 452 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOSEPH J. RIDOLFO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1100 POQUONOCK AVE  
City WINDSOR State CT Zip Code 06095-1860  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034394**  
Amount of Each Receipt this Period 20.00  
CONTRIBUTION

**B. MR. ARTHUR J. RIEDLINGER III**  
Full Name (Last, First, Middle Initial)  
Mailing Address 300 REGAL DR.  
City LAWRENCEVILLE State GA Zip Code 30046-4773  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation ENGINEER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040662**  
Amount of Each Receipt this Period 60.00  
CONTRIBUTION

**C. MRS. ELEANOR R. RIGGS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 507 BRIGHTWOOD CLUB DR.  
City LUTHERVILLE TIMONIUM State MD Zip Code 21093-3631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040966**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 453 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JANE RIGNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 W 4TH ST  
 City CHILLICOTHE State OH Zip Code 45601-3206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035894**  
 Amount of Each Receipt this Period  
 110.00  
 CONTRIBUTION

**B. MRS. ROSE A. RINELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4037 NE 38TH AVENUE  
 City PORTLAND State OR Zip Code 97212-1848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS NURSE/RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036537**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**C. PATRICK RIORDAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 N WASHINGTON ST  
 City GREEN BAY State WI Zip Code 54301-5122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NSIGHT CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038378**  
 Amount of Each Receipt this Period  
 220.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 480.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 454 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. LAWRENCE RIPA K JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 TAMMI CT.  
City Kings Park State NY Zip Code 11754-5034  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LAWRENCE RIPA K CO., INC. Occupation EXECUTIVE  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 16 / 2015**  
**Transaction ID : SA11.16032524**  
Amount of Each Receipt this Period **250.00**  
CONTRIBUTION

**B. MRS. BERNICE M. RIPBERGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 230  
City Zionsville State IN Zip Code 46077-0230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **700.00**

Date of Receipt **10 / 08 / 2015**  
**Transaction ID : SA11.16029013**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION

**C. MR. PHILIP E. RITCH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 146 KALUAMOOO ST  
City KAILUA State HI Zip Code 96734-2144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1073.50**

Date of Receipt **10 / 07 / 2015**  
**Transaction ID : SA11.16028478**  
Amount of Each Receipt this Period **35.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **385.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 455 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. PHILIP E. RITCH**  
 Mailing Address 146 KALUAMOOO ST  
 City State Zip Code  
 KAILUA HI 96734-2144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1073.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2015  
**Transaction ID : SA11.16032107**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. PHILIP E. RITCH**  
 Mailing Address 146 KALUAMOOO ST  
 City State Zip Code  
 KAILUA HI 96734-2144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1073.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16038268**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. WILLIAM L. RITCHIE JR.**  
 Mailing Address 5302 BROOKWAY DR.  
 City State Zip Code  
 BETHESDA MD 20816-1308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2015  
**Transaction ID : SA11.16029594**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 456 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. WILLIAM L. RITCHIE JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 5302 BROOKWAY DR.

City State Zip Code  
BETHESDA MD 20816-1308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
10 / 29 / 2015  
**Transaction ID : SA11.16038582**

Amount of Each Receipt this Period  
30.00

CONTRIBUTION

**B. KATHALEEN RITENHOUR**  
Full Name (Last, First, Middle Initial)

Mailing Address 926 HIGHLAND DRIVE

City State Zip Code  
VISTA CA 92083-3308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WORLD PRIVATE SECURITY INC GUARD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
10 / 20 / 2015  
**Transaction ID : SA11.16034073**

Amount of Each Receipt this Period  
5.00

CONTRIBUTION

**C. KATHALEEN RITENHOUR**  
Full Name (Last, First, Middle Initial)

Mailing Address 926 HIGHLAND DRIVE

City State Zip Code  
VISTA CA 92083-3308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WORLD PRIVATE SECURITY INC GUARD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
10 / 20 / 2015  
**Transaction ID : SA11.16034074**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

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



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

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

FOR LINE NUMBER: PAGE 457 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. KATHALEEN RITENHOUR**  
 Mailing Address 926 HIGHLAND DRIVE  
 City State Zip Code  
 VISTA CA 92083-3308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WORLD PRIVATE SECURITY INC GUARD  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034135**  
 Amount of Each Receipt this Period  
 1.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. DAVID M. RITTER**  
 Mailing Address 191 UNION METHODIST CH RD.  
 City State Zip Code  
 N WILKESBORO NC 28659-7902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WILKES COMMUNITY COLLEGE WILKES COMMUNITY COLLEGE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035344**  
 Amount of Each Receipt this Period  
 95.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. RITA C. RIZZUTO**  
 Mailing Address P.O. BOX 429  
 City State Zip Code  
 CRYSTAL BEACH FL 34681-0429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034383**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 121.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 458 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. LUIS ROBAINA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11980 NW 6TH ST  
City MIAMI State FL Zip Code 33182-1306  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16041298**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**B. DR. D D. ROBB**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 941  
City SALINA State KS Zip Code 67402-0941  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16030088**  
Amount of Each Receipt this Period 75.00  
CONTRIBUTION

**C. MS. JANICE ROBBINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 201 AVALON RD  
City COLUMBUS State WI Zip Code 53925-1807  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 925.00

Date of Receipt 10 / 08 / 2015  
**Transaction ID : SA11.16028835**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 459 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. JANICE ROBBINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 AVALON RD  
 City COLUMBUS State WI Zip Code 53925-1807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038800**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MS. JANICE ROBBINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 AVALON RD  
 City COLUMBUS State WI Zip Code 53925-1807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16039965**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MR. LYNN ROBBINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1651 LADERA TRAIL  
 City CENTERVILLE State OH Zip Code 45459-1401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KMC Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16034869**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 460 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. LYNN ROBBINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1651 LADERA TRAIL

City State Zip Code  
CENTERVILLE OH 45459-1401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KMC PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015  
**Transaction ID : SA11.16035494**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

**B. MR. WARREN M. ROBBINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 10234 E SPRING CREEK RD.

City State Zip Code  
SUN LAKES AZ 85248-6887

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
590.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2015  
**Transaction ID : SA11.16027134**

Amount of Each Receipt this Period  
60.00

CONTRIBUTION

**C. MS. ANNA D. ROBERTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 760 PEBBLE BEACH DR.

City State Zip Code  
UPLAND CA 91784-9126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
580.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : SA11.16040667**

Amount of Each Receipt this Period  
30.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 461 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. ELIZABETH ROBERTS**

Mailing Address 25460 MEDICAL CENTER DR.  
#203

City State Zip Code  
MURRIETA CA 92562-5985

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 17 / 2015  
**Transaction ID : SA11.16032268**

Amount of Each Receipt this Period  
800.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. MARY B. ROBERTSON**

Mailing Address 28 JEWETT HILL ROAD

City State Zip Code  
SHARON CT 06069-2135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034504**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. MARY B. ROBERTSON**

Mailing Address 28 JEWETT HILL ROAD

City State Zip Code  
SHARON CT 06069-2135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 31 / 2015  
**Transaction ID : SA11.16039987**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

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

**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)	PAGE 462 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MATTHEW ROBERTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6209 MID RIVERS MALL DR. #309  
 City SAINT PETERS State MO Zip Code 63304-1102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CENTENE CORPORATION Occupation BUSINESS SYSTEMS ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA11.16028094**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MR. RAHAL ROBERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1905 N BURLING ST  
 City CHICAGO State IL Zip Code 60614-5123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BOBBY RAHAL AUTOMOTIVE GROUP Occupation AUTOMOTIVE RETAIL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16045627**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MR. STEPHEN J. ROBEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 319 THOMASTON RD APT 93  
 City WATERTOWN State CT Zip Code 06795-2056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation ADVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16027200**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 463 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. STEPHEN J. ROBEY</b>		Date of Receipt 10 / 27 / 2015 <b>Transaction ID : SA11.16037776</b>
Mailing Address 319 THOMASTON RD APT 93		Amount of Each Receipt this Period 105.00
City WATERTOWN	State CT	Zip Code 06795-2056
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation ADVISOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B. MR. CARROLL L. ROBINSON</b>		Date of Receipt 10 / 15 / 2015 <b>Transaction ID : SA11.16031912</b>
Mailing Address 164 CAMDEN DRIVE		Amount of Each Receipt this Period 3.00
City BAL HARBOUR	State FL	Zip Code 33154-1329
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 358.00	

Full Name (Last, First, Middle Initial) <b>C. MR. CARROLL L. ROBINSON</b>		Date of Receipt 10 / 22 / 2015 <b>Transaction ID : SA11.16035050</b>
Mailing Address 164 CAMDEN DRIVE		Amount of Each Receipt this Period 25.00
City BAL HARBOUR	State FL	Zip Code 33154-1329
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 358.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	133.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 464 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. CARROLL L. ROBINSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 164 CAMDEN DRIVE  
City BAL HARBOUR State FL Zip Code 33154-1329  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 358.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16037459**  
Amount of Each Receipt this Period 5.00  
CONTRIBUTION

**B. MR. CARROLL L. ROBINSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 164 CAMDEN DRIVE  
City BAL HARBOUR State FL Zip Code 33154-1329  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 358.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16041270**  
Amount of Each Receipt this Period 20.00  
CONTRIBUTION

**C. DR. CAROLYN L. ROBISON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1057 CAPITAL CLUB CI NE  
City ATLANTA State GA Zip Code 30319-2662  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16033967**  
Amount of Each Receipt this Period 200.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 465 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. GARY ROEBER**  
 Mailing Address 3345 E. 1ST STREET  
 City State Zip Code  
 LONG BEACH CA 90803-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2015  
**Transaction ID : SA11.16028195**  
 Amount of Each Receipt this Period  
 165.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. ELYNOR M. ROEHR**  
 Mailing Address 1822 MAGNOLIA CT  
 City State Zip Code  
 YAKIMA WA 98908-5524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 562.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031490**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. BARBARA ROGERS**  
 Mailing Address 6548 43RD ST  
 APT 2319  
 City State Zip Code  
 LUBBOCK TX 79407-1959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034048**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 265.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 466 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. BARBARA ROGERS**

Mailing Address **6548 43RD ST**  
**APT 2319**

City **LUBBOCK** State **TX** Zip Code **79407-1959**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
**10 / 30 / 2015**

**Transaction ID : SA11.16041234**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. ELIZABETH ROGERS**

Mailing Address **250 CHARLESTOWN DR.**

City **HENDERSONVILLE** State **NC** Zip Code **28792-3536**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**10 / 30 / 2015**

**Transaction ID : SA11.16040673**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. MARY ANN ROGERS**

Mailing Address **196 CUSHWA RD**

City **MARTINSBURG** State **WV** Zip Code **25403-1223**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **505.00**

Date of Receipt  
**10 / 05 / 2015**

**Transaction ID : SA11.16027202**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **125.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 467 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MRS. MARY ANN ROGERS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015 <b>Transaction ID : SA11.16039361</b>
Mailing Address 196 CUSHWA RD		Amount of Each Receipt this Period 50.00
City MARTINSBURG	State WV	Zip Code 25403-1223
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00	

Full Name (Last, First, Middle Initial) <b>B. MS. ROBERTA F. ROGERS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015 <b>Transaction ID : SA11.16036400</b>
Mailing Address 14515 W GRANITE VALLEY DR. APARTMENT E567		Amount of Each Receipt this Period 500.00
City SUN CITY WEST	State AZ	Zip Code 85375-6024
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3504.00	

Full Name (Last, First, Middle Initial) <b>C. MS. ELNA ROOP</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015 <b>Transaction ID : SA11.16039252</b>
Mailing Address 5703 LAKEMERE DR.		Amount of Each Receipt this Period 20.00
City RICHMOND	State VA	Zip Code 23234-4786
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	570.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 468 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. ANNADALE ROOPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3722 W 8TH. ST.  
 City THE DALLES State OR Zip Code 97058-4434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA11.16028405**  
 Amount of Each Receipt this Period 70.00  
 CONTRIBUTION

**B. MRS. ANNE M. ROSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2120 ROBINS LANE SE UNIT 31 UNIT 31  
 City SALEM State OR Zip Code 97306-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 02 / 2015  
**Transaction ID : SA11.16025926**  
 Amount of Each Receipt this Period 20.00  
 CONTRIBUTION

**C. MRS. ANNE M. ROSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2120 ROBINS LANE SE UNIT 31 UNIT 31  
 City SALEM State OR Zip Code 97306-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035720**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 469 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. NANCY B. ROTH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8545 CARMEL VALLEY RD  
City CARMEL State CA Zip Code 93923-9556  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16030090**  
Amount of Each Receipt this Period 300.00  
CONTRIBUTION

**B. MS. MARY M. ROUFAL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1244 ARBOR RD. #A-312  
City WINSTON SALEM State NC Zip Code 27104-1142  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation NONE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 08 / 2015  
**Transaction ID : SA11.16028853**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION

**C. RAYMOND ROWE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 49 EAST E STREET  
City ENCINITAS State CA Zip Code 92024-3612  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038536**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 360.00  
**TOTAL** This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 470 OF 824  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. J. A. RUCKER**

Mailing Address **6628 MOSS CIR**

City State Zip Code  
**INDIANAPOLIS IN 46237-2937**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**205.00**

Date of Receipt  
**10 / 02 / 2015**

**Transaction ID : SA11.16026248**

Amount of Each Receipt this Period  
**5.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. J. A. RUCKER**

Mailing Address **6628 MOSS CIR**

City State Zip Code  
**INDIANAPOLIS IN 46237-2937**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**205.00**

Date of Receipt  
**10 / 07 / 2015**

**Transaction ID : SA11.16028491**

Amount of Each Receipt this Period  
**5.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. J. A. RUCKER**

Mailing Address **6628 MOSS CIR**

City State Zip Code  
**INDIANAPOLIS IN 46237-2937**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**205.00**

Date of Receipt  
**10 / 20 / 2015**

**Transaction ID : SA11.16033879**

Amount of Each Receipt this Period  
**5.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **15.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 471 OF 824
11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NRCC

A. ANN RUE
Full Name (Last, First, Middle Initial)
Mailing Address 6852 MACLEAY RD SE
City SALEM State OR Zip Code 97317-9275
FEC ID number of contributing federal political committee. C
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 240.00

Date of Receipt 10/06/2015
Transaction ID : SA11.16027699
Amount of Each Receipt this Period 25.00
CONTRIBUTION

B. ANN RUE
Full Name (Last, First, Middle Initial)
Mailing Address 6852 MACLEAY RD SE
City SALEM State OR Zip Code 97317-9275
FEC ID number of contributing federal political committee. C
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 240.00

Date of Receipt 10/20/2015
Transaction ID : SA11.16034081
Amount of Each Receipt this Period 25.00
CONTRIBUTION

C. ANN RUE
Full Name (Last, First, Middle Initial)
Mailing Address 6852 MACLEAY RD SE
City SALEM State OR Zip Code 97317-9275
FEC ID number of contributing federal political committee. C
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 240.00

Date of Receipt 10/23/2015
Transaction ID : SA11.16035734
Amount of Each Receipt this Period 25.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 75.00
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 472 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ANN RUE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6852 MACLEAY RD SE  
 City SALEM State OR Zip Code 97317-9275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16038191**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. DR. MELVIN F. RUGG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10621 SE 287TH. ST.  
 City AUBURN State WA Zip Code 98092-4055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036637**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

**C. F. R. RUML**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4080 PEDLEY RD SPC 116  
 City RIVERSIDE State CA Zip Code 92509-2857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16037073**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 473 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HAROLD H. RUMPH**  
 Mailing Address 6219 PETUNIA RD  
 City State Zip Code  
 DELRAY BEACH FL 33484-4683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 495.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026690**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DONALD RUNALDUE**  
 Mailing Address 32 PLANTATION DR.  
 City State Zip Code  
 SOUTHERN PINES NC 28387-2967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2015  
**Transaction ID : SA11.16032236**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOHN RUNBERG**  
 Mailing Address 3535 BUNYAN RD  
 City State Zip Code  
 VIRGINIA BEACH VA 23462-7028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034524**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 474 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MRS. JUNE H. RUNKLE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015 <b>Transaction ID : SA11.16030814</b>
Mailing Address 2933 KASSAFINE PASS		Amount of Each Receipt this Period 30.00
City AUSTIN State TX Zip Code 78704-4628	CONTRIBUTION	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED Occupation RETIRED	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MRS. JUNE H. RUNKLE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015 <b>Transaction ID : SA11.16037024</b>
Mailing Address 2933 KASSAFINE PASS		Amount of Each Receipt this Period 50.00
City AUSTIN State TX Zip Code 78704-4628	CONTRIBUTION	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED Occupation RETIRED	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR. PAUL M. RUSSO</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2015 <b>Transaction ID : SA11.16031154</b>
Mailing Address 200 WEST STREET 4TH FLOOR		Amount of Each Receipt this Period 5000.00
City NEW YORK State NY Zip Code 10282-2102	CONTRIBUTION	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GOLDMAN SACHS Occupation FINANCE	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5080.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 475 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. KATHLEEN RUTHERFORD**  
 Mailing Address 1908 WOODLANDS PLACE  
 City State Zip Code  
 POWELL OH 43065-7460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039436**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. JANICE RYBERG**  
 Mailing Address 480 E CLARK AVE  
 City State Zip Code  
 SANTA MARIA CA 93455-4835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2015  
**Transaction ID : SA11.16025969**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. JANICE RYBERG**  
 Mailing Address 480 E CLARK AVE  
 City State Zip Code  
 SANTA MARIA CA 93455-4835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2015  
**Transaction ID : SA11.16029553**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 476 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JOHN SADLER**

Mailing Address 110 HILL COUNTRY DR.

City State Zip Code  
GEORGETOWN TX 78633-4549

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2015

**Transaction ID : SA11.16030540**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GEORGE E. SAFIOL**

Mailing Address 64 JUNIPER RD

City State Zip Code  
WESTON MA 02493-1358

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2015

**Transaction ID : SA11.16034152**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MICHAEL S. SAHN**

Mailing Address 361 N MOLLISON AVE APT 15

City State Zip Code  
EL CAJON CA 92021-6862

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SA11.16027853**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00

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

**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)	PAGE 477 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. VINCE SAMPSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1299 PENNSYLVANIA AVE, NW  
SUITE 700

City WASHINGTON State DC Zip Code 20004-2431

FEC ID number of contributing federal political committee. **C**

Name of Employer COOLEY LLP Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
10 / 26 / 2015  
**Transaction ID : SA11.16036254**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B. WILBURN SANDERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 B UFORD HUGHEY ROAD

City DELLROSE State TN Zip Code 38453-5005

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
10 / 08 / 2015  
**Transaction ID : SA11.16028846**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**C. MS. WOLFE SANDRA**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 DOCKSIDE LANE #419

City KEY LARGO State FL Zip Code 33037-5267

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
10 / 31 / 2015  
**Transaction ID : SA11.16045626**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00

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

**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)	PAGE 478 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. STEVEN SANFREY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7729 CASTLE ROCK DRIVE  
City WARREN State OH Zip Code 44484-1408  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WEST MATERIALS, INC. Occupation MANAGER PRODUCT DEVELOPMENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 290.00

Date of Receipt 10 / 21 / 2015  
**Transaction ID : SA11.16034526**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**B. MAJID SARTIPI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 313 SYCAMORE VALLEY WEST  
City DANVILLE State CA Zip Code 94526-3949  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16039465**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**C. MRS. FLORENCE SAUCIER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 FLORIDA AVE  
City WINOOSKI State VT Zip Code 05404-1521  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036688**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 479 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. BRAXTON SAUNDERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 234 LOCUST AVENUE

City HAMPTON	State VA	Zip Code 23661-2731
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : SA11.16032532**

Amount of Each Receipt this Period  

99.00	99.00	99.00	99.00	99.00
35.00				

**CONTRIBUTION**

**B. BRAXTON SAUNDERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 234 LOCUST AVENUE

City HAMPTON	State VA	Zip Code 23661-2731
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

**Transaction ID : SA11.16035291**

Amount of Each Receipt this Period  

99.00	99.00	99.00	99.00	99.00
24.00				

**CONTRIBUTION**

**C. MS. LILLIAN T. SAVAGE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 PURSUIT NO 8

City ALISO VIEJO	State CA	Zip Code 92656-4213
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : SA11.16026110**

Amount of Each Receipt this Period  

99.00	99.00	99.00	99.00	99.00
40.00				

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	99.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 480 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. LILLIAN T. SAVAGE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 PURSUIT NO 8  
City ALISO VIEJO State CA Zip Code 92656-4213  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2015  
**Transaction ID : SA11.16038159**  
Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**B. WILLIAM SAWYER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 762 S WISCONSIN ST  
City FALLBROOK State CA Zip Code 92028-3246  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
EFFORTS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2015  
**Transaction ID : SA11.16038247**  
Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**C. MS. MARIE SCENNA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 113 HICKORY LN.  
City BRYN MAWR State PA Zip Code 19010-1017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2015  
**Transaction ID : SA11.16032857**  
Amount of Each Receipt this Period  
15.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 481 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JOSEPH C. SCHATTEMAN**

Mailing Address 2LATTICE PLACE

City State Zip Code  
GREENVILLE SC 29615-5830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026671**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOSEPH SCHELL**

Mailing Address 15004 PRATOLINO WAY

City State Zip Code  
NAPLES FL 34110-2717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16045874**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. WANDA L. SCHENCK**

Mailing Address P.O. BOX 66010

City State Zip Code  
HOUSTON TX 77266-6010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030666**

Amount of Each Receipt this Period  
55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1065.00

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

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

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

FOR LINE NUMBER: PAGE 482 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. P. J. SCHIERL**  
 Mailing Address 1815 RAINBOW AVE  
 City State Zip Code  
 DE PERE WI 54115-1721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037747**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. STEPHEN SCHILDMEYER**  
 Mailing Address 4219 ZETTA AVENUE  
 City State Zip Code  
 CINCINNATI OH 45217-1523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED CONCERT PRODUCER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045762**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. CARL SCHMIDT**  
 Mailing Address 56 WAVE STREET  
 City State Zip Code  
 BEACHWOOD NJ 08722-3839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035217**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1075.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 483 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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 (Last, First, Middle Initial)  
**A. MR. CARL SCHMIDT**

Mailing Address **56 WAVE STREET**

City **BEACHWOOD**      State **NJ**      Zip Code **08722-3839**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED**      Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : SA11.16040671**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GEORGE J. SCHMITT III**

Mailing Address **11 CASTLE PINES DR. N**

City **CASTLE ROCK**      State **CO**      Zip Code **80108-9008**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED**      Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**10 / 16 / 2015**  
**Transaction ID : SA11.16032520**

Amount of Each Receipt this Period  
**125.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JAMES P. SCHMITT**

Mailing Address **P.O. BOX 2517**

City **JACKSON**      State **WY**      Zip Code **83001-2517**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED**      Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
**10 / 14 / 2015**  
**Transaction ID : SA11.16031612**

Amount of Each Receipt this Period  
**120.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **295.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 484 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JOAN F. SCHMIDT**  
Full Name (Last, First, Middle Initial)

Mailing Address 4506 PROVIDENCE POINT PLACE SE

City	State	Zip Code
ISSAQUAH	WA	98029-6835

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

**Transaction ID : SA11.16028902**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**

**B. MS. SHIRLEY M. SCHNEIDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2150 MYRTLEWOOD LN

City	State	Zip Code
LAKWOOD	CO	80215-1008

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NOT EMPLOYED	NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : SA11.16038474**

Amount of Each Receipt this Period  

250.00
--------

**CONTRIBUTION**

**C. MR. GERRIT J. SCHOLTEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6858 E VIA DORADO

City	State	Zip Code
TUCSON	AZ	85715-4821

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NOT EMPLOYED	NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

**Transaction ID : SA11.16032652**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 485 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JOAN SCHONHOLTZ**  
 Mailing Address 875 E CAMINO REAL APT 16B  
 City State Zip Code  
 BOCA RATON FL 33432-6353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026738**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DAVID SCHREIBER**  
 Mailing Address 3 REGENT DRIVE  
 City State Zip Code  
 LAWRENCE NY 11559-1424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038440**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ROBERT E. SCHROEDER**  
 Mailing Address 831 W ARDUSSI ST  
 City State Zip Code  
 FRANKENMUTH MI 48734-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 355.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026691**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 470.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ROBERT E. SCHROEDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 831 W ARDUSSI ST  
 City State Zip Code  
 FRANKENMUTH MI 48734-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 355.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032988**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**B. MR. HARRY RICHARD SCHUMACHER ESQ.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 E 88TH ST  
 City State Zip Code  
 NEW YORK NY 10128-1152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1098.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026779**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

**C. MR. HARRY RICHARD SCHUMACHER ESQ.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 E 88TH ST  
 City State Zip Code  
 NEW YORK NY 10128-1152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1098.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16029829**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. BETTY SCOTT**  
 Mailing Address 3020 WEST 69TH ST  
 City State Zip Code  
 SHAWNEE MISSION KS 66208-2149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035188**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DAVID SCOTT**  
 Mailing Address P.O. BOX 43  
 City State Zip Code  
 WINNSBORO TX 75494-0043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2015  
**Transaction ID : SA11.16035679**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. JETTIE M. SCOTT**  
 Mailing Address 300 CLAIBORNE AVE APT 4  
 City State Zip Code  
 FREDERICKSBRG VA 22405-2687  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16034930**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. KENNETH E. SCOTT**  
 Mailing Address 610 GERONA RD  
 City State Zip Code  
 STANFORD CA 94305-8453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027890**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. SIDNEY SEALE**  
 Mailing Address 400 HOBRON LN APT 807  
 City State Zip Code  
 HONOLULU HI 96815-1201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE NONE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039143**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JERRY SEBAG**  
 Mailing Address 28971 SOMMET DU MONDE  
 City State Zip Code  
 LAGUNA BEACH CA 92651-2091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VMR INSTITUTE SURGEON  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16045584**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 489 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. MIRAN SEDLACEK**

Mailing Address 517 SE COUNTY ROAD 3259

City State Zip Code  
KERENS TX 75144-6191

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045811**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOE N. SEELA**

Mailing Address 6770 VIA EMMA

City State Zip Code  
LAS CRUCES NM 88007-4977

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
437.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031752**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOE N. SEELA**

Mailing Address 6770 VIA EMMA

City State Zip Code  
LAS CRUCES NM 88007-4977

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
437.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035173**

Amount of Each Receipt this Period  
115.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 265.00

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

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

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

FOR LINE NUMBER: PAGE 490 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. ELAINE D. SEELIGER**

Mailing Address **PO BOX 408**

City State Zip Code  
**MARKESAN WI 53946-0408**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**267.00**

Date of Receipt  
**10 / 15 / 2015**

**Transaction ID : SA11.16031132**

Amount of Each Receipt this Period  
**40.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. BARTON F. SEITZ**

Mailing Address **321 S PASEO MADERA UNIT D**

City State Zip Code  
**GREEN VALLEY AZ 85614-0713**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**10 / 05 / 2015**

**Transaction ID : SA11.16026664**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. BARTON F. SEITZ**

Mailing Address **321 S PASEO MADERA UNIT D**

City State Zip Code  
**GREEN VALLEY AZ 85614-0713**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**10 / 19 / 2015**

**Transaction ID : SA11.16033148**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **190.00**

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

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

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

FOR LINE NUMBER: PAGE 491 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. BARTON F. SEITZ**

Mailing Address 321 S PASEO MADERA UNIT D

City State Zip Code  
GREEN VALLEY AZ 85614-0713

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.16034106**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JAMES SELEV**

Mailing Address 1675 S. EUCLID AVE.

City State Zip Code  
SAN MARINO CA 91108-1604

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELEY & CO MERCHANT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.16032935**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JUDITH SELICH**

Mailing Address P.O. BOX 358

City State Zip Code  
SOUTH BEACH OR 97366-0358

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.16034537**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 492 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. RUBEN SERRANO**  
 Mailing Address 3223 91ST ST APT 604  
 City State Zip Code  
 EAST ELMHURST NY 11369-2368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 328.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031473**  
 Amount of Each Receipt this Period  
 55.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. VIRGINIA C. SEVERNS**  
 Mailing Address 1547 E MYRTLE ST  
 City State Zip Code  
 MASON CITY IL 62664-9601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031779**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. VIRGINIA C. SEVERNS**  
 Mailing Address 1547 E MYRTLE ST  
 City State Zip Code  
 MASON CITY IL 62664-9601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16041448**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 155.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 493 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. RICHARD W. SHAFFER</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2015
Mailing Address 82751 BOSTON CT		<b>Transaction ID : SA11.16027762</b>
City INDIO	State CA	Zip Code 92201-5909
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. MR. RICHARD W. SHAFFER</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 82751 BOSTON CT		<b>Transaction ID : SA11.16037112</b>
City INDIO	State CA	Zip Code 92201-5909
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. MS. LINDA SHAHALTOUGH</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2015
Mailing Address 7209 TRAILMARK DR.		<b>Transaction ID : SA11.16033381</b>
City WILMINGTON	State NC	Zip Code 28405-4791
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 45.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 494 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. LINDA SHAHALTOUGH**  
 Mailing Address 7209 TRAILMARK DR.  
 City State Zip Code  
 WILMINGTON NC 28405-4791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 605.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033393**  
 Amount of Each Receipt this Period  
 45.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. IQBAL M. SHAIKH**  
 Mailing Address 7632 FOUR WIND DR  
 City State Zip Code  
 FORT WORTH TX 76133-7566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AT&A TECHNICAL SUPPORT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026429**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. ELAINE VIRGINIA SHALEK**  
 Mailing Address 16606 WAYCREEK RD.  
 City State Zip Code  
 HOUSTON TX 77068-2217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040818**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 495 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. PAUL H. SHANNON**

Mailing Address 135 STATION DRIVE

City State Zip Code  
OCEAN SPRINGS MS 39564-5658

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036921**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JEFFREY SHAPIRO**

Mailing Address 1300 CONNECTICUT AVENUE, NW

City State Zip Code  
WASHINGTON DC 20036-1703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PMJ N/A

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : SA11.16024986**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ROBERT E. SHARROCK**

Mailing Address 821 W SOUTH ST

City State Zip Code  
BRYAN OH 43506-2520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034268**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 496 OF 824
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MRS. JEAN J. SHAW</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2015 <b>Transaction ID : SA11.16037662</b>
Mailing Address 613 WOODSWAY DRIVE	Amount of Each Receipt this Period _____ 50.00 CONTRIBUTION
City State Zip Code LOVELAND OH 45140-9144	
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period _____ 300.00 CONTRIBUTION
Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. MR. THOMAS SHAW</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015 <b>Transaction ID : SA11.16040067</b>
Mailing Address 33450 MARINA BAY CIRCLE	Amount of Each Receipt this Period _____ 50.00 CONTRIBUTION
City State Zip Code MILLSBORO DE 19966-7172	
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period _____ 710.00 CONTRIBUTION
Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. MR. SHAUN M. SHEEHAN</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2015 <b>Transaction ID : SA11.16038076</b>
Mailing Address 589 TIERRA MAR LN	Amount of Each Receipt this Period _____ 1500.00 CONTRIBUTION
City State Zip Code NAPLES FL 34108-2712	
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period _____ 1500.00 CONTRIBUTION
Name of Employer Occupation TRIBUNE BROADCASTING GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____



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

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

FOR LINE NUMBER: PAGE 497 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. KENNETH SHEELEIGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 89 LINCOLN AVE  
 City State Zip Code  
 LITTLE FALLS NJ 07424-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED SELF-EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 417.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034277**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**B. MRS. SHIRLEY H. SHEETS TTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1604 W LOVERS LN  
 City State Zip Code  
 ARLINGTON TX 76013-3542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 245.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031466**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**C. EARLINE SHELTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3512 FISKE TER  
 City State Zip Code  
 SILVER SPRING MD 20906-1739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033655**  
 Amount of Each Receipt this Period  
 5.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 498 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. EARLINE SHELTON**  
 Mailing Address 3512 FISKE TER  
 City State Zip Code  
 SILVER SPRING MD 20906-1739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16038286**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. OSCAR L. SHELTON**  
 Mailing Address P.O. BOX 430  
 City State Zip Code  
 ALBEMARLE NC 28002-0430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SHELTON INSURANCE CENTER INC. OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16030110**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. EDNA JOYCE SHENEFIELD**  
 Mailing Address 4810 NW HWY 72 LOT 88  
 City State Zip Code  
 ARCADIA FL 34266-9330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028591**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 130.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 499 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. EDNA JOYCE SHENEFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4810 NW HWY 72 LOT 88  
 City ARCADIA State FL Zip Code 34266-9330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034653**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**B. MR. JESSE A. SHEPHARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2215 SNOW LN  
 City REDDING State CA Zip Code 96003-3401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035869**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C. MS. MARY JOYCE P. SHIERLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9740 WHITESVILLE RD.  
 City FORTSON State GA Zip Code 31808-2604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028364**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 555.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 500 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. MARY JOYCE P. SHIERLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9740 WHITESVILLE RD.  
 City FORTSON State GA Zip Code 31808-2604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035794**  
 Amount of Each Receipt this Period 15.00  
 CONTRIBUTION

**B. MR. JOHN E. SHILLINGBURG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4800 FILLMORE AVE APT 603  
 City ALEXANDRIA State VA Zip Code 22311-5057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030712**  
 Amount of Each Receipt this Period 65.00  
 CONTRIBUTION

**C. MR. JOHN E. SHILLINGBURG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4800 FILLMORE AVE APT 603  
 City ALEXANDRIA State VA Zip Code 22311-5057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035847**  
 Amount of Each Receipt this Period 65.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 145.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. LESTLE R. SHOCKLEY**

Mailing Address 419 SUMMERCREEK LN

City State Zip Code  
SAN RAMON CA 94583-4464

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHEVRON/TEXACO ENGINEER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.16033422**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ANDREW SHORE**

Mailing Address 5904 NORTH 22ND STREET

City State Zip Code  
ARLINGTON VA 22205-3327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JOCHUM SHORE & TROSSEVIN ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.16027495**

Amount of Each Receipt this Period  
125.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JAN SHORE**

Mailing Address 12100 COUNTY ROAD 8490

City State Zip Code  
NEWBURG MO 65550-7803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
362.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.16034351**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

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

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

**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)	PAGE 502 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. JAN SHORE</b>		Date of Receipt 10 / 23 / 2015 <b>Transaction ID : SA11.16035883</b>
Mailing Address 12100 COUNTY ROAD 8490		Amount of Each Receipt this Period 85.00
City NEWBURG	State MO	Zip Code 65550-7803
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 362.00	

Full Name (Last, First, Middle Initial) <b>B. MS. CLIFFORD SHUART</b>		Date of Receipt 10 / 22 / 2015 <b>Transaction ID : SA11.16045865</b>
Mailing Address 4163 CHIMNEY HEIGHTS NE		Amount of Each Receipt this Period 250.00
City ROSWELL	State GA	Zip Code 30075-5289
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer DELOITTE	Occupation MANAGEMENT CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. MR. DAVID W. SICKELS</b>		Date of Receipt 10 / 14 / 2015 <b>Transaction ID : SA11.16031236</b>
Mailing Address 10105 SANDHURST DR.		Amount of Each Receipt this Period 25.00
City DENTON	State TX	Zip Code 76207-1281
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 503 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. RONALD D. SIEGEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1063 SURREY WOODS DR.

City CANONSBURG	State PA	Zip Code 15317-6306
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation SELF EMPLOYED
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

**Transaction ID : SA11.16035093**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B. MRS. MARIAN SIELHEIMER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2833 W US HIGHWAY 224

City TIFFIN	State OH	Zip Code 44883-8841
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

**Transaction ID : SA11.16028203**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

**C. MR. EDYTHE SIGMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1635 OSCEOLA ST.

City DENVER	State CO	Zip Code 80204-1447
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : SA11.16030373**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 504 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JACKIE SIKES**

Mailing Address 420 S. BANANA RIVER BLVD.

City State Zip Code  
COCOA BEACH FL 32931-3321

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4810.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037619**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. LEON R. SIKES JR.**

Mailing Address 4011 NE 25TH. AVE

City State Zip Code  
FT LAUDERDALE FL 33308-5726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033423**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JAMES A. SILVA**

Mailing Address 4966 POOLA ST.

City State Zip Code  
HONOLULU HI 96821-1458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
470.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033788**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

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



**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)	PAGE 505 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DR. FREDERICK M. SILVERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10921 WILSHIRE BLVD SUITE 514

City	State	Zip Code
LOS ANGELES	CA	90024-4001

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF EMPLOYED	PSYCHIATRIST M.D.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : SA11.16032172**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**

**B. DR. FREDERICK M. SILVERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10921 WILSHIRE BLVD SUITE 514

City	State	Zip Code
LOS ANGELES	CA	90024-4001

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF EMPLOYED	PSYCHIATRIST M.D.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

**Transaction ID : SA11.16033775**

Amount of Each Receipt this Period  

20.00
-------

**CONTRIBUTION**

**C. DR. FREDERICK M. SILVERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10921 WILSHIRE BLVD SUITE 514

City	State	Zip Code
LOS ANGELES	CA	90024-4001

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF EMPLOYED	PSYCHIATRIST M.D.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : SA11.16038395**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>95.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 506 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. FLOYD SILVIA**  
 Mailing Address P.O. BOX 976  
 City State Zip Code  
 OSTERVILLE MA 02655-0976  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SILVIA AND SILVIA ASSOC REAL ESTATE INVESTMENTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045759**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ANANT SIMASINGH**  
 Mailing Address 905 S HARVARD BLVD  
 City State Zip Code  
 LOS ANGELES CA 90006-1206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033117**  
 Amount of Each Receipt this Period  
 105.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ARLIS J. SIMMONS**  
 Mailing Address 15595 PINEHURST PL  
 City State Zip Code  
 SAN DIEGO CA 92131-4310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027244**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 507 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. ARLIS J. SIMMONS**  
Full Name (Last, First, Middle Initial)

Mailing Address 15595 PINEHURST PL

City SAN DIEGO State CA Zip Code 92131-4310

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11.16032143**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**B. MR. CHESTER E. SIMMONS**  
Full Name (Last, First, Middle Initial)

Mailing Address 386 FLOURVILLE RD

City JOHNSON CITY State TN Zip Code 37615-4060

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026619**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

**C. MURRAY SIMPSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5809 DEVONSHIRE DR.

City BETHESDA State MD Zip Code 20816-3415

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035850**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	570.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 508 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. JOAN M. SINEX**

Mailing Address 3400 PAUL SWEET RD. UNIT C133

City SANTA CRUZ	State CA	Zip Code 95065-1537
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **214.36**

Date of Receipt  
**10 / 22 / 2015**

**Transaction ID : SA11.16035421**

Amount of Each Receipt this Period  
**35.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ALVIN SINGER**

Mailing Address 475 LAUREL AVE APT F APT F

City HIGHLAND PARK	State IL	Zip Code 60035-3503
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
**10 / 29 / 2015**

**Transaction ID : SA11.16045633**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. EUGENE P. SINGLE**

Mailing Address 1080 NW 107 AVE

City PORTLAND	State OR	Zip Code 97229-5174
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt  
**10 / 26 / 2015**

**Transaction ID : SA11.16037118**

Amount of Each Receipt this Period  
**35.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>5070.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 509 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. EUGENE P. SINGLE**

Mailing Address 1080 NW 107 AVE

City State Zip Code  
PORTLAND OR 97229-5174

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037827**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. SHIRLEY A. SKAGGS**

Mailing Address 8 WHISPERING WAY

City State Zip Code  
RIPLEY WV 25271-1373

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
213.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16027265**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. SHIRLEY A. SKAGGS**

Mailing Address 8 WHISPERING WAY

City State Zip Code  
RIPLEY WV 25271-1373

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
213.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034067**

Amount of Each Receipt this Period  
15.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

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

**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)	PAGE 510 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. CARL SKARPHOL</b>		Date of Receipt
Mailing Address 122 10TH ST W		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City	State	Zip Code
BOTTINEAU	ND	58318-1633
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.16035176</b>
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="310.00"/>	<input type="text" value="25.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. MS. PAMELA J. SKOVIRA</b>		Date of Receipt
Mailing Address 180 AMHERST RD.		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
MERRIMACK	NH	03054-3801
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.16026257</b>
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="295.00"/>	<input type="text" value="50.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. MS. PAMELA J. SKOVIRA</b>		Date of Receipt
Mailing Address 180 AMHERST RD.		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
MERRIMACK	NH	03054-3801
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.16045526</b>
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="295.00"/>	<input type="text" value="35.00"/>
		CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="110.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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)	PAGE 511 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. EDITH SLAVIC</b>		Date of Receipt
Mailing Address 10308 LA REINA RD		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
DELRAY BEACH	FL	33446-2723
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.16027490</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	NA	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. EDITH SLAVIC</b>		Date of Receipt
Mailing Address 10308 LA REINA RD		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
DELRAY BEACH	FL	33446-2723
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.16034471</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	NA	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MRS. NANCY M. SLAYDEN</b>		Date of Receipt
Mailing Address 8014 PEBBLE CREEK LN. E		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
PONTE VEDRA	FL	32082-3101
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.16026716</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED PER BEST EFF	INFORMATION REQUESTED PER BEST EFF	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="207.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 512 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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 (Last, First, Middle Initial)  
**A. MR. MARK SLOTTA**  
 Mailing Address 114 SUMMER LAKES DRIVE  
 City State Zip Code  
 CARY NC 27513-3416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SOFPRODUCTS INC. CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045758**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. MARY SLOWEY**  
 Mailing Address 700 BRICK MILL RUN  
 City State Zip Code  
 WESTLAKE OH 44145-1654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028085**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. BRAD SMALLWOOD**  
 Mailing Address P.O. BOX 471647  
 City State Zip Code  
 TULSA OK 74147-1647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UNITED SAFETY OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045851**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 513 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. DANA G. SMEUREANU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 71 NORWOOD AVE  
 City MONTCLAIR State NJ Zip Code 07043-1950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16029893**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MRS. BARBARA SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4611 FLAME CT  
 City SAINT LOUIS State MO Zip Code 63129-1709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16032900**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**C. MR. DAVID E. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16442 COUNTRY CLUB DR.  
 City BURLINGTON State WA Zip Code 98233-3838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16035152**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 514 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. FREDERICK SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 77 MEADOW BROOK ROAD  
City NORWELL State MA Zip Code 02061-2729  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 17 / 2015  
**Transaction ID : SA11.16032244**  
Amount of Each Receipt this Period 150.00  
CONTRIBUTION

**B. MR. HOWARD P. SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1936 MILLER RD  
City WAITSBURG State WA Zip Code 99361-9657  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation FARMER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA11.16028397**  
Amount of Each Receipt this Period 200.00  
CONTRIBUTION

**C. MR. J. BRADNER SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1819 HUNTER LN.  
City SAINT PAUL State MN Zip Code 55118-4110  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 21 / 2015  
**Transaction ID : SA11.16034672**  
Amount of Each Receipt this Period 20.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 370.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 515 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JACK D. SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 177 BOUNDARY LN  
City OTTERVILLE State MO Zip Code 65348-2420  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 735.00

Date of Receipt 10 / 02 / 2015  
**Transaction ID : SA11.16026142**  
Amount of Each Receipt this Period 300.00  
CONTRIBUTION

**B. MR. JAMES SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2562 TREASURE DR. #SV-4102  
City SANTA BARBARA State CA Zip Code 93105-4198  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027944**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**C. MR. JERALD A. SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3418 HEPBURN CIR  
City STOCKTON State CA Zip Code 95209-3912  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031456**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 516 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JOSEPH H. SMITH USAF (RET)**  
 Mailing Address 4305 LAREDO COURT  
 City State Zip Code  
 MONTGOMERY AL 36109-2517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED USAF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2015  
**Transaction ID : SA11.16029238**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOSEPH H. SMITH USAF (RET)**  
 Mailing Address 4305 LAREDO COURT  
 City State Zip Code  
 MONTGOMERY AL 36109-2517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED USAF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : SA11.16039935**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOSEPH M. SMITH**  
 Mailing Address 3077 CHRISTIAN LIGHT RD  
 City State Zip Code  
 FUQUAY VARINA NC 27526-8894  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035100**  
 Amount of Each Receipt this Period  
 40.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 517 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. JOYCE SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2719 GREENOCK CT.

City CARLSBAD	State CA	Zip Code 92010-6515
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
306.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

**Transaction ID : SA11.16029702**

Amount of Each Receipt this Period  

35.00
-------

**CONTRIBUTION**

**B. MRS. JOYCE SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2719 GREENOCK CT.

City CARLSBAD	State CA	Zip Code 92010-6515
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
306.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

**Transaction ID : SA11.16030245**

Amount of Each Receipt this Period  

15.00
-------

**CONTRIBUTION**

**C. JUDITH L. SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 3109 HIDDEN TREASURE DR.

City LAS VEGAS	State NV	Zip Code 89134-8587
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
985.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

**Transaction ID : SA11.16027514**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 518 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JUDITH L. SMITH**  
 Mailing Address 3109 HIDDEN TREASURE DR.  
 City State Zip Code  
 LAS VEGAS NV 89134-8587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 985.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040749**  
 Amount of Each Receipt this Period  
 120.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. KEVIN C. SMITH**  
 Mailing Address 630 W K STREET  
 City State Zip Code  
 BRAWLEY CA 92227-3009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED INS. AND R.E. BROKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16030082**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. LARRY R. SMITH TTEE**  
 Mailing Address 6428 ROCKY LN  
 City State Zip Code  
 PARADISE CA 95969-2630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 202.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031204**  
 Amount of Each Receipt this Period  
 37.50  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 357.50  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 519 OF 824
	<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**

**A. MILLY S. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 618 BROADWAY AVENUE  
 City KOOSKIA State ID Zip Code 83539-5068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt: 10 / 27 / 2015  
**Transaction ID : SA11.16037741**  
 Amount of Each Receipt this Period: 25.00  
 CONTRIBUTION

**B. ROBERT SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1218 SW WASHINGTON ST  
 City PORTLAND State OR Zip Code 97205-2331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **RETIRED** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 13 / 2015  
**Transaction ID : SA11.16029636**  
 Amount of Each Receipt this Period: 40.00  
 CONTRIBUTION

**C. MR. ROY SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 BRENTHILL DR.  
 City NEWARK State OH Zip Code 43055-9777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **SELF EMPLOYED** Occupation: **WEB DESIGNER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 10 / 21 / 2015  
**Transaction ID : SA11.16034514**  
 Amount of Each Receipt this Period: 10.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 520 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. TF SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4806 LOCKGREEN CIR

City RICHMOND	State VA	Zip Code 23226-1745
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

**Transaction ID : SA11.16027177**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B. MRS. TF SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4806 LOCKGREEN CIR

City RICHMOND	State VA	Zip Code 23226-1745
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

**Transaction ID : SA11.16036814**

Amount of Each Receipt this Period  
120.00

CONTRIBUTION

**C. MR. THOMAS W. SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2200 BUTTS ROAD  
SUITE 320

City BOCA RATON	State FL	Zip Code 33431-7453
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PRESCOTT INVESTORS, INC.	Occupation INVESTOR
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

**Transaction ID : SA11.16037492**

Amount of Each Receipt this Period  
30000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30220.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 521 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. W. H. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1503 ROYAL ARCH EAST CT UNIT B  
 City ARLINGTON State TX Zip Code 76012-3872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF  
 Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039169**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. DAN SMITS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5354 EDGEWOOD DRIVE  
 City MOUNDS VIEW State MN Zip Code 55112-1402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OUTSOURCE RECEIVABLES, INC.  
 Occupation CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039399**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. DAN SMITS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5354 EDGEWOOD DRIVE  
 City MOUNDS VIEW State MN Zip Code 55112-1402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OUTSOURCE RECEIVABLES, INC.  
 Occupation CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : SA11.16040110**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 522 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. DOROTHY J. SNYDER**

Mailing Address 6743 SWEET CLOVER HILLS DRIVE

City State Zip Code  
JONESVILLE MI 49250-9135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030819**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. DOROTHY J. SNYDER**

Mailing Address 6743 SWEET CLOVER HILLS DRIVE

City State Zip Code  
JONESVILLE MI 49250-9135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11.16031993**

Amount of Each Receipt this Period  
55.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. M SGT. ANTHONY SODA USAF RET.**

Mailing Address N5803 COUNTY RD D

City State Zip Code  
PRINCETON WI 54968-8530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033553**

Amount of Each Receipt this Period  
30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00

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

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

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

FOR LINE NUMBER: PAGE 523 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. ANA ESTHER GARCIA SOLORZANO**  
 Mailing Address 870 N 23RD ST APT 26  
 City State Zip Code  
 LINCOLN NE 68503-2417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028811**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. ANA ESTHER GARCIA SOLORZANO**  
 Mailing Address 870 N 23RD ST APT 26  
 City State Zip Code  
 LINCOLN NE 68503-2417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033084**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ANA ESTHER GARCIA SOLORZANO**  
 Mailing Address 870 N 23RD ST APT 26  
 City State Zip Code  
 LINCOLN NE 68503-2417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040460**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 524 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. EVELYN V. SOPHER**  
 Mailing Address 3243 LEPRECHAUN LN  
 City State Zip Code  
 PALM HARBOR FL 34683-2325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16038048**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. EDE A. SORNBERGER**  
 Mailing Address 33 COVENTRY ROAD  
 City State Zip Code  
 ENDICOTT NY 13760-4201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026808**  
 Amount of Each Receipt this Period  
 55.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. EDE A. SORNBERGER**  
 Mailing Address 33 COVENTRY ROAD  
 City State Zip Code  
 ENDICOTT NY 13760-4201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034570**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 525 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. A. J. SPAETER JR.</b>		Date of Receipt 10 / 08 / 2015 <b>Transaction ID : SA11.16029055</b>
Mailing Address 1520 VIA BORONADA		Amount of Each Receipt this Period 115.00
City PALOS VERDES ESTATES	State CA	Zip Code 90274-1858
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>B. MS. ROSZI SPIERS</b>		Date of Receipt 10 / 26 / 2015 <b>Transaction ID : SA11.16036252</b>
Mailing Address 9430 OWL LANE		Amount of Each Receipt this Period 10.00
City BOULDER	State CO	Zip Code 80301-5503
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.81	

Full Name (Last, First, Middle Initial) <b>C. MR. DANIEL SPOONER</b>		Date of Receipt 10 / 22 / 2015 <b>Transaction ID : SA11.16045760</b>
Mailing Address 46 HAMILTON RD		Amount of Each Receipt this Period 25.00
City MARLTON	State NJ	Zip Code 08053-1161
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer LOCKHEED MARTIN	Occupation ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 526 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. RONALD SPORK**  
Full Name (Last, First, Middle Initial)

Mailing Address 3851 ELLSWORTH

City GARY State IN Zip Code 46408-2030

FEC ID number of contributing federal political committee. **C**

Name of Employer CONSOLIDATED, INC Occupation ADMINISTARTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2015  
Transaction ID : SA11.16039450

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**B. TERRY EDWARD SPRAKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 7136 ECHO RIDGE DRIVE

City SAN JOSE State CA Zip Code 95120-4718

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 30 / 2015  
Transaction ID : SA11.16039667

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**C. R. L. SPURGEON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1951 SOUTH BEECH ST

City WICHITA State KS Zip Code 67207-6611

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt 10 / 20 / 2015  
Transaction ID : SA11.16034104

Amount of Each Receipt this Period 45.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 395.00

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

**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)	PAGE 527 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. R. L. SPURGEON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1951 SOUTH BEECH ST

City WICHITA State KS Zip Code 67207-6611

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **865.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16035357**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**B. MR. SHELTON STAFFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 10360 W POTTER DR.

City PEORIA State AZ Zip Code 85382-2500

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2015  
**Transaction ID : SA11.16029597**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

**C. MR. SHELTON STAFFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 10360 W POTTER DR.

City PEORIA State AZ Zip Code 85382-2500

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030329**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**

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

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

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

FOR LINE NUMBER: PAGE 528 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. FLOYD F. STAHL JR.**

Mailing Address 519 W ARIEL AVE

City State Zip Code  
FOLEY AL 36535-1617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026997**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. FLOYD F. STAHL JR.**

Mailing Address 519 W ARIEL AVE

City State Zip Code  
FOLEY AL 36535-1617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040866**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. J. RICHARD STAMM**

Mailing Address 226 VALLEY RIDGE ROAD

City State Zip Code  
HAVERFORD PA 19041-2029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PWC ACCOUNTANT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038793**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 295.00

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



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

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

FOR LINE NUMBER: PAGE 529 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JAMES STANARD**

Mailing Address 15 LINDEN LANE

City State Zip Code  
CHATHAM NJ 07928-1623

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED INVESTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16031148**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DAVID O. STANLEY**

Mailing Address 458 W. ARDENWOOD DRIVE

City State Zip Code  
BATON ROUGE LA 70806-4241

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027792**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. MARY O. STANLEY**

Mailing Address 280 W. CHERRY CIRCLE

City State Zip Code  
MEMPHIS TN 38117-3002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031447**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10525.00

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

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

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

FOR LINE NUMBER: PAGE 530 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DAVID P. STANYO**

Mailing Address 5030 KATELLA AVE STE. 230

City State Zip Code  
LOS ALAMITOS CA 90720-2819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MICRO-E CO GENERAL MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 02 / 2015  
**Transaction ID : SA11.16024988**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. G. STARKER**

Mailing Address 6022 BLAIR RD.

City State Zip Code  
AURORA IN 47001-8412

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16041299**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 20.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. GLADYS P. STARNES**

Mailing Address 2054 W WELLS GATE DR.

City State Zip Code  
OXFORD MS 38655-5967

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
236.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16037328**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶  .  .  .  .  .  .  .  .  .  .  
 110.00

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

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

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

FOR LINE NUMBER: PAGE 531 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ED STAROSTOVIC**  
 Mailing Address 2620 MARILYN DR.  
 City State Zip Code  
 STOUGHTON WI 53589-4147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032690**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ED STAROSTOVIC**  
 Mailing Address 2620 MARILYN DR.  
 City State Zip Code  
 STOUGHTON WI 53589-4147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039583**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DAVID H. STASHIK**  
 Mailing Address 1507 EDITH STREET  
 City State Zip Code  
 BERKELEY CA 94703-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED COACH  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038882**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 532 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JERRY STEBBINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 376 LYONS ROAD  
 City State Zip Code  
 DECATUR AL 35603-5034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16032621**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MR. BOYDEN STEELE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28127 ALAVA  
 City State Zip Code  
 MISSION VIEJO CA 92692-1615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 585.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2015  
**Transaction ID : SA11.16029494**  
 Amount of Each Receipt this Period  
 110.00  
 CONTRIBUTION

**C. MR. D. DAVID STEELE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 SAN MATEO ROAD  
 City State Zip Code  
 BERKELEY CA 94707-2015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 YARON & ASSOCIATES ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045810**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 533 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. JESSELYN I. STEELE**

Mailing Address 1537 LITTLE DOVE CT

City Henderson State NV Zip Code 89014-0350

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **10 / 06 / 2015**

**Transaction ID : SA11.16027970**

Amount of Each Receipt this Period **20.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. JESSELYN I. STEELE**

Mailing Address 1537 LITTLE DOVE CT

City Henderson State NV Zip Code 89014-0350

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **10 / 21 / 2015**

**Transaction ID : SA11.16034552**

Amount of Each Receipt this Period **25.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. JESSELYN I. STEELE**

Mailing Address 1537 LITTLE DOVE CT

City Henderson State NV Zip Code 89014-0350

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **10 / 26 / 2015**

**Transaction ID : SA11.16036193**

Amount of Each Receipt this Period **25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **70.00**

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

**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)	PAGE 534 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. BILL STEGELMEYER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8800 GEORGE WYTHE  
City CHARLOTTE State NC Zip Code 28277-8821  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036176**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**B. MS. KAREN M. STEVENSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26187 TUNIS MILLS RD  
City EASTON State MD Zip Code 21601-5521  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5700.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035963**  
Amount of Each Receipt this Period 1800.00  
CONTRIBUTION

**C. MR. CAMPBELL STEWARD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 65 ASBURY STREET  
City TOPSFIELD State MA Zip Code 01983-1501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KORTEC INC. Occupation EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040570**  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2850.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 535 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. FRANK T. STEWART**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7598 CARAH DR.  
City ST. FRANCISVILLE State LA Zip Code 70775-4737  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation HEALTH. CARE ADM  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16039023**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. MR. ROBERT STEWART**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 W SPRING CREEK  
City OLNEY State TX Zip Code 76374-2084  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation RANCHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 12 / 2015  
**Transaction ID : SA11.16029562**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**C. MR. ALBERT R. STOAKS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1840 GRAHAM BLVD  
City VALE State OR Zip Code 97918-5350  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1550.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027744**  
Amount of Each Receipt this Period 200.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 235.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 536 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. MAXINE STOE BNER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 703 E 17TH. ST.  
City CAMERON State TX Zip Code 76520-1905  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031234**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**B. MRS. MAXINE STOE BNER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 703 E 17TH. ST.  
City CAMERON State TX Zip Code 76520-1905  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16041305**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**C. PATTY STOLNACKER KOCH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4645 GREENE PLACE, NW  
City WASHINGTON State DC Zip Code 20007-2510  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WMWARE Occupation GOVERNMENT AFFAIRS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 21 / 2015  
**Transaction ID : SA11.16034548**  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 537 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. AMY STONE**

Mailing Address 21 WYCKHAM HILL LANE

City State Zip Code  
GREENWICH CT 06831-3049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16045859**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. STEVEN O. STOOBS**

Mailing Address 11805 MEADOWGLEN LANE APT.2111

City State Zip Code  
HOUSTON TX 77082-3150

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2580.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038403**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MARILYN J. STORY**

Mailing Address 3327 GARRISON ST

City State Zip Code  
SAN DIEGO CA 92106-2111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037779**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 538 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. SCOTT STOSSER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 10397

City BLACKSBURG State VA Zip Code 24062-0397

FEC ID number of contributing federal political committee. **C**

Name of Employer SAS BUILDERS Occupation BUILDER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 29 / 2015**

**Transaction ID : SA11.16038946**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

**B. MS. ROBERTA STOTHART**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 ANDERSON DRIVE

City FALMOUTH State ME Zip Code 04105-1627

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 12 / 2015**

**Transaction ID : SA11.16029593**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

**C. NANCY J. STOWE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 ACORN GRV

City BALLSTON LAKE State NY Zip Code 12019-9128

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 05 / 2015**

**Transaction ID : SA11.16027137**

Amount of Each Receipt this Period  
**35.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **110.00**

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

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

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

FOR LINE NUMBER: PAGE 539 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. PATTIE S. STRAHLENDORF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1104 CALLANDER WAY  
 City State Zip Code  
 FOLSOM CA 95630-6101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031221**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. MS. PATTIE S. STRAHLENDORF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1104 CALLANDER WAY  
 City State Zip Code  
 FOLSOM CA 95630-6101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037586**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MS. SHARON STRAIT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 234 NW SEQUOYAH DR.  
 City State Zip Code  
 LAWTON OK 73507-9144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 888.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2015  
**Transaction ID : SA11.16032036**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 540 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. SHARON STRAIT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 234 NW SEQUOYAH DR.  
City LAWTON State OK Zip Code 73507-9144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 888.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035835**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**B. MICHAEL STRAZZELLA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1700 K STREET, NW  
City WASHINGTON State DC Zip Code 20006-3817  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BUCHANAN INGERSOLL & ROONEY Occupation GOVERNMENT AFFAIRS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038419**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. MARILYN STRIETZEL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 315 11TH ST E  
City WILLISTON State ND Zip Code 58801-5555  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030888**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 541 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MARILYN STRIETZEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 315 11TH ST E

City WILLISTON State ND Zip Code 58801-5555

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015

**Transaction ID : SA11.16033622**

Amount of Each Receipt this Period  
 55.00

CONTRIBUTION

**B. MARILYN STRIETZEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 315 11TH ST E

City WILLISTON State ND Zip Code 58801-5555

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : SA11.16037680**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**C. MRS. IOLA RUTH STROEHLEIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3516 N WILSON AVE

City TUCSON State AZ Zip Code 85719-2027

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : SA11.16027353**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 542 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DONALD STROMBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 518  
 City ROOSEVELT State AZ Zip Code 85545-0518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038444**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MR. JOEL C. STUART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1214 ORANGE CIRCLE NORTH  
 City ORANGE PARK State FL Zip Code 32073-4114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STUART MARINE Occupation SMALL BUS.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16045378**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MR. WILLIAM F. STUDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 RIVERVIEW DR. SE APT. 247  
 City RIO RANCHO State NM Zip Code 87124-0911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16032889**  
 Amount of Each Receipt this Period 55.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 543 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ROBERT SUDBRINK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3100 NE 47TH CT APT 403  
 City State Zip Code  
 FT LAUDERDALE FL 33308-5360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033415**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. ROBERT SUDBRINK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3100 NE 47TH CT APT 403  
 City State Zip Code  
 FT LAUDERDALE FL 33308-5360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035717**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. ROBERT SUDBRINK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3100 NE 47TH CT APT 403  
 City State Zip Code  
 FT LAUDERDALE FL 33308-5360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16036082**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 544 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. LEWIS A.M. SUMBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 319 WALSH RD  
 APT A  
 City CHATTANOOGA State TN Zip Code 37405-3757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031398**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MISS LOUISE SUTHERLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 559  
 City CLINTWOOD State VA Zip Code 24228-0559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16033849**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**C. MR. F. JOSEPH SVEC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 266 CHEESTANA WAY  
 City LOUDON State TN Zip Code 37774-2527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16026765**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 545 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DAVID L. SWAN**  
 Mailing Address 2115 6TH AVE, NO 34  
 City State Zip Code  
 CLARKSTON WA 99403-1569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026849**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JAMES B. SWIRE**  
 Mailing Address 4 MILL POND LANE  
 City State Zip Code  
 NEW ROCHELLE NY 10805-2128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1535.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028047**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JAMES B. SWIRE**  
 Mailing Address 4 MILL POND LANE  
 City State Zip Code  
 NEW ROCHELLE NY 10805-2128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1535.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2015  
**Transaction ID : SA11.16032247**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 546 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. JAMES B. SWIRE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 4 MILL POND LANE		<b>Transaction ID : SA11.16036216</b>
City NEW ROCHELLE	State NY	Zip Code 10805-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1535.00	

Full Name (Last, First, Middle Initial) <b>B. MR. JAMES B. SWIRE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015
Mailing Address 4 MILL POND LANE		<b>Transaction ID : SA11.16038985</b>
City NEW ROCHELLE	State NY	Zip Code 10805-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1535.00	

Full Name (Last, First, Middle Initial) <b>C. MR. JAMES B. SWIRE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2015
Mailing Address 4 MILL POND LANE		<b>Transaction ID : SA11.16039681</b>
City NEW ROCHELLE	State NY	Zip Code 10805-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1535.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 547 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. CHARLES A. SZEGLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 73 PARK AVENUE  
 City BLUE POINT State NY Zip Code 11715-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031092**  
 Amount of Each Receipt this Period 5.00  
 CONTRIBUTION

**B. MR. FRANCIS SZYMBORSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 426 GROVE ST  
 City SULLIVAN State WI Zip Code 53178-9770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 02 / 2015  
**Transaction ID : SA11.16026359**  
 Amount of Each Receipt this Period 75.00  
 CONTRIBUTION

**C. MR. FRANCIS SZYMBORSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 426 GROVE ST  
 City SULLIVAN State WI Zip Code 53178-9770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA11.16038317**  
 Amount of Each Receipt this Period 75.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 548 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. GLORIA TACCAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 307 E. 44TH ST.  
 City NEW YORK State NY Zip Code 10017-4400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039621**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**B. LONA TAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6133 W CORRINE DR.  
 City GLENDALE State AZ Zip Code 85304-1721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033969**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. BARBARA TANNER-MORROW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1167 FM< 203  
 City WALNUT SPRINGS State TX Zip Code 76690-4560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2015  
**Transaction ID : SA11.16032194**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 549 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MAX TANNER**  
 Mailing Address 4128 WALNUT MEADOW LN  
 City State Zip Code  
 DALLAS TX 75229-6269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033550**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. EDWARD TARBY**  
 Mailing Address 4131 BRUNER AVE  
 City State Zip Code  
 BRONX NY 10466-2027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033382**  
 Amount of Each Receipt this Period  
 220.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. RICK TARIF**  
 Mailing Address JULIS VILLAGE P.O, BOX 761  
 City State Zip Code  
 B.A WA 24980-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 298.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : SA11.16024919**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 320.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 550 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. CAROL B. TATE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2045 W SHAWNEE ST

City SPRINGFIELD	State MO	Zip Code 65810-1564
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CAROL TATE INTERIOR DESIGN	Occupation INTERIOR DESIGNER
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2015

**Transaction ID : SA11.16029454**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**B. BETSEY S. TAVENNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5601 DUNROBIN DR. UNIT 5207

City SARASOTA	State FL	Zip Code 34238-8504
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

**Transaction ID : SA11.16026917**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**C. BETSEY S. TAVENNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5601 DUNROBIN DR. UNIT 5207

City SARASOTA	State FL	Zip Code 34238-8504
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

**Transaction ID : SA11.16035748**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 551 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. DAVID TAWNEY</b>		Date of Receipt 10 / 05 / 2015 <b>Transaction ID : SA11.16032461A</b>
Mailing Address 3600 PATTEE CY. RD.		Amount of Each Receipt this Period 100.00
City MISSOULA	State MT	Zip Code 59803-1825
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer NONE	Occupation NONE	CHARGED BACK \$100.00 ON 10/19/2015
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

Full Name (Last, First, Middle Initial) <b>B. MR. DAVID TAWNEY</b>		Date of Receipt 10 / 19 / 2015 <b>Transaction ID : SA11.16032461B</b>
Mailing Address 3600 PATTEE CY. RD.		Amount of Each Receipt this Period -100.00
City MISSOULA	State MT	Zip Code 59803-1825
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer NONE	Occupation NONE	CHARGED BACK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

Full Name (Last, First, Middle Initial) <b>C. CAROL TAYLOR</b>		Date of Receipt 10 / 25 / 2015 <b>Transaction ID : SA11.16035648</b>
Mailing Address 2633 S. KINGS ROAD		Amount of Each Receipt this Period 50.00
City VIRGINIA BEACH	State VA	Zip Code 23452-7718
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 552 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. CAROL TAYLOR**  
 Mailing Address 2633 S. KINGS ROAD  
 City State Zip Code  
 VIRGINIA BEACH VA 23452-7718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037473**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. GLEN L. TAYLOR**  
 Mailing Address 732 HILLCREST ST.  
 City State Zip Code  
 DENTON TX 76201-2405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031199**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. HARRY I. TAYLOR**  
 Mailing Address 401 COLLEGE PL, #10  
 City State Zip Code  
 NORFOLK VA 23510-1130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039070**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 553 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. NANCY TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 227 PIPING ROCK RD.  
 City LOCUST VALLEY State NY Zip Code 11560-2504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INNOCENT-WEBEL Occupation LANSCAPE ARCHITECT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16038175**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B. MR. NORMAN V. TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4021 HILLSIDE DR.  
 City LEXINGTON State KY Zip Code 40514-1531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030984**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MR. KURT O. TECH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 SUNNINGDALE DR.  
 City GROSSE POINTE SHORES State MI Zip Code 48236-1664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035759**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 554 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. LEONARD TEICHER**  
 Mailing Address P.O. BOX 5706  
 City State Zip Code  
 SSCOTTSDALE AZ 85261-5706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2015  
**Transaction ID : SA11.16026010**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ELLEN A. TERRETT**  
 Mailing Address P.O. BOX 877  
 City State Zip Code  
 MILES CITY MT 59301-0877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 605.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16029632**  
 Amount of Each Receipt this Period  
 55.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. HAZEL E. TERRY**  
 Mailing Address 306 57TH AVE  
 City State Zip Code  
 MERIDIAN MS 39307-6613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039258**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 555 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. IDA TESSIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1269 MAGNOLIA AVE

City ONTARIO State CA Zip Code 91762-4723

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16037003**

Amount of Each Receipt this Period  
**75.00**

CONTRIBUTION

**B. MR. ARVEL D. THARP**  
Full Name (Last, First, Middle Initial)

Mailing Address 17256 MONACO DRIVE

City CERRITOS State CA Zip Code 90703-2762

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027468**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

**C. MR. ARVEL D. THARP**  
Full Name (Last, First, Middle Initial)

Mailing Address 17256 MONACO DRIVE

City CERRITOS State CA Zip Code 90703-2762

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16029847**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>95.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 556 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ARVEL D. THARP**

Mailing Address 17256 MONACO DRIVE

City CERRITOS State CA Zip Code 90703-2762

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : SA11.16032120**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HENRY J. THIERRY**

Mailing Address 765 EDGEWOOD RD

City REDWOOD CITY State CA Zip Code 94062-1813

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 19 / 2015**

**Transaction ID : SA11.16033427**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DAVID THOMAS**

Mailing Address 175 SHADY LANE DR. APT 212

City NORWALK State OH Zip Code 44857-2711

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **481.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 06 / 2015**

**Transaction ID : SA11.16027776**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 557 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DAVID THOMAS**

Mailing Address 175 SHADY LANE DR. APT 212

City NORWALK State OH Zip Code 44857-2711

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
481.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033091**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DAVID THOMAS**

Mailing Address 175 SHADY LANE DR. APT 212

City NORWALK State OH Zip Code 44857-2711

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
481.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040455**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DAVID THOMAS**

Mailing Address 175 SHADY LANE DR. APT 212

City NORWALK State OH Zip Code 44857-2711

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
481.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040904**

Amount of Each Receipt this Period  
 1.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 101.00

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

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

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

FOR LINE NUMBER: PAGE 558 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. HILDA THOMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 GARDEN LANE  
 City TROY State AL Zip Code 36081-2434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034371**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

**B. MRS. IDA S. THOMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1202  
 City TALLEVAST State FL Zip Code 34270-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035900**  
 Amount of Each Receipt this Period  
 110.00  
 CONTRIBUTION

**C. MR. ROBERT H. THOMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 128 CHURCH AVE  
 City SEYMOUR State IN Zip Code 47274-3622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037504**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 559 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT H. THOMAS**

Mailing Address 128 CHURCH AVE

City State Zip Code  
SEYMOUR IN 47274-3622

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037622**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. SALLY THOMAS**

Mailing Address 230 N CLIFFWOOD AVE

City State Zip Code  
LOS ANGELES CA 90049-2616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037841**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. THELMA GRACE THOMAS**

Mailing Address 689 LA QUINTA DR.

City State Zip Code  
BANNING CA 92220-5328

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027941**

Amount of Each Receipt this Period  
60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 360.00

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

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

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

FOR LINE NUMBER: PAGE 560 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. THELMA GRACE THOMAS**  
 Mailing Address 689 LA QUINTA DR.  
 City BANNING State CA Zip Code 92220-5328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16040754**  
 Amount of Each Receipt this Period 60.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. CONRAD O. THOMPSON**  
 Mailing Address 901 17TH ST NE  
 City ROCHESTER State MN Zip Code 55906-4206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035859**  
 Amount of Each Receipt this Period 400.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. LUCILLE THOMPSON**  
 Mailing Address 660 WHITMORE RD APT 102  
 City DETROIT State MI Zip Code 48203-1841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035490**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 510.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 561 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. RANDALL THOMPSON JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 BEDFORD ROAD  
 City LINCORN State MA Zip Code 01773-2037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034181**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MR. RANDALL THOMPSON JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 BEDFORD ROAD  
 City LINCORN State MA Zip Code 01773-2037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16045419**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MR. WARREN D. THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2555 W.SAN JOSE AVE  
 City FRESNO State CA Zip Code 93711-2733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation ARCHITECT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027454**  
 Amount of Each Receipt this Period 20.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 145.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 562 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. WARREN F. TIGNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2203 MILLER RD  
 City ROSHARON State TX Zip Code 77583-4533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1525.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16036083**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MS. CAROL PAGE TILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2725 SOUTH 106TH STREET  
 City OMAHA State NE Zip Code 68124-2415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2015  
**Transaction ID : SA11.16032221**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MS. VIOLA M. TIMBERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2330 5TH AVE APT 16P  
 City NEW YORK State NY Zip Code 10037-1620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1090.00

Date of Receipt 10 / 02 / 2015  
**Transaction ID : SA11.16026297**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 350.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 563 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. VIOLA M. TIMBERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2330 5TH AVE APT 16P  
City NEW YORK State NY Zip Code 10037-1620  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1090.00

Date of Receipt 10 / 21 / 2015  
**Transaction ID : SA11.16034694**  
Amount of Each Receipt this Period 80.00  
CONTRIBUTION

**B. MS. CAROLE TIPPIT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11376 PORTOBELO DR UNIT 8  
City SAN DIEGO State CA Zip Code 92124-4027  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16030384**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. MS. LOIS E. TITUS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33 N LINDEN DR  
City VENTURA State CA Zip Code 93004-1236  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16026775**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 430.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 564 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. FRANK TOLBERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 E BROADWAY  
 City LOGANSPORT State IN Zip Code 46947-2004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036857**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**B. MR. BEARD TOM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 668  
 City ALPINE State TX Zip Code 79831-0668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation RANCHER/ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16045632**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**C. MR. CRISWELL TOM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 140 VIA SEGO  
 City REDONDO BEACH State CA Zip Code 90277-6429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16045629**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2035.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 565 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. ALMA E. TOTUSEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2125 ELM STREET  
 City State Zip Code  
 FREMONT NE 68025-2642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035910**  
 Amount of Each Receipt this Period  
 135.00  
 CONTRIBUTION

**B. MR. RICHARD TOWAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 508 NORTH 42 ND STREET  
 City State Zip Code  
 MOUNT VERNON IL 62864-6201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033761**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. MR. MIKE W. TOWSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 BISHOPWOOD CT  
 City State Zip Code  
 SAVANNAH GA 31411-2862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026650**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	210.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

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

FOR LINE NUMBER: PAGE 566 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MIKE W. TOWSON**

Mailing Address 1 BISHOPWOOD CT

City SAVANNAH State GA Zip Code 31411-2862

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 26 / 2015**

**Transaction ID : SA11.16036624**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. RICHARD TRACEY**

Mailing Address 16 MURRAY HILL DR.

City BLUFFTON State SC Zip Code 29909-6136

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 23 / 2015**

**Transaction ID : SA11.16035520**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. RICHARD TRACEY**

Mailing Address 16 MURRAY HILL DR.

City BLUFFTON State SC Zip Code 29909-6136

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 26 / 2015**

**Transaction ID : SA11.16036290**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **125.00**

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

**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)	PAGE 567 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. CHARLES TRAHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2319 E MAIN ST

City NEW IBERIA State LA Zip Code 70560-4031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 05 / 2015  
**Transaction ID : SA11.16026965**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B. MISS BETTY S. TRAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1402 DOGWOOD AVE.

City GROTTUES State VA Zip Code 24441-2143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
758.00

Date of Receipt  
10 / 13 / 2015  
**Transaction ID : SA11.16030337**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

**C. MISS BETTY S. TRAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1402 DOGWOOD AVE.

City GROTTUES State VA Zip Code 24441-2143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
758.00

Date of Receipt  
10 / 23 / 2015  
**Transaction ID : SA11.16035524**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 310.00

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

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

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

FOR LINE NUMBER: PAGE 568 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MISS BETTY S. TRAVIS**  
 Mailing Address 1402 DOGWOOD AVE.  
 City State Zip Code  
 GROTTUES VA 24441-2143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED NOT EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 758.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036478**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. W. A. TRAVIS JR.**  
 Mailing Address 500 SPANISH FORT BLVD APT 232  
 City State Zip Code  
 SPANISH FORT AL 36527-5009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11.16032527**  
 Amount of Each Receipt this Period  
 120.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MISS MARY E. TROISI**  
 Mailing Address 1003 PACKER ST  
 City State Zip Code  
 WILLIAMSPORT PA 17701-3426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035967**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 165.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 569 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT S. TROTH**

Mailing Address 3003 GULF SHORE BLVD N APT 301

City State Zip Code  
NAPLES FL 34103-3912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 /  /   
 10 / 09 / 2015  
**Transaction ID : SA11.16029721**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DANIEL TUCKER**

Mailing Address 821 COLEYTOWN RD

City State Zip Code  
LAFAYETTE TN 37083-5046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MACON COUNTY SCHOLLS TEACHER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 /  /   
 10 / 13 / 2015  
**Transaction ID : SA11.16030804**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. GARY TUCKER**

Mailing Address 12765 W 67TH WAY

City State Zip Code  
ARVADA CO 80004-2282

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BALL CORPORATION PILOT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
725.00

Date of Receipt  
 /  /   
 10 / 30 / 2015  
**Transaction ID : SA11.16039421**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00

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

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

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

FOR LINE NUMBER: PAGE 570 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MAU TUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 DANFORTH AVE  
 City State Zip Code  
 JERSEY CITY NJ 07305-3940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16030061**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**B. MR. LARRY SPENCER TYLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 822 TOLER RD  
 City State Zip Code  
 LONGVIEW TX 75604-3443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034041**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MS. IRMGARD A. ULLIUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2832 AIRPORT RD  
 City State Zip Code  
 PANAMA CITY FL 32405-2850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026588**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 385.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 571 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. GARY L. UPTON**  
Mailing Address 1908 STONEBROOK DRIVE  
City State Zip Code  
ARLINGTON TX 76012-5738  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED RETIRED  
Receipt For:  
 Primary     General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2015  
**Transaction ID : SA11.16030331**  
Amount of Each Receipt this Period  
35.00  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. LUIS URIBE**  
Mailing Address 1436 TAMPICO AVE  
City State Zip Code  
SALINAS CA 93906-2928  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED RETIRED  
Receipt For:  
 Primary     General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2015  
**Transaction ID : SA11.16033778**  
Amount of Each Receipt this Period  
20.00  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. CLINTON VAN ANTWERP**  
Mailing Address 1115 E CHADWICK AVE  
City State Zip Code  
COTTAGE GROVE OR 97424-1342  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
Receipt For:  
 Primary     General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2015  
**Transaction ID : SA11.16024854**  
Amount of Each Receipt this Period  
120.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 572 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. CLINTON VAN ANTWERP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1115 E CHADWICK AVE  
 City State Zip Code  
 COTTAGE GROVE OR 97424-1342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2015  
**Transaction ID : SA11.16031126**  
 Amount of Each Receipt this Period  
 120.00  
 CONTRIBUTION

**B. MR. DONALD H. VAN EYLL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1218 VINCENT PL  
 City State Zip Code  
 CHASKA MN 55318-2430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034339**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. LTC R. J. VANDEN-HEUVEL RET.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 PINEHURST DR.  
 City State Zip Code  
 SHALIMAR FL 32579-1626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040383**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 245.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 573 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. BERNARD VANDINTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8081 FIELDING LN.  
City GREENDALE State WI Zip Code 53129-2115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16039926**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**B. MR. WILLIAM VARN**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 2726  
City HARTSVILLE State SC Zip Code 29551-2726  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SPC CREDIT UNION Occupation MANAGER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 04 / 2015  
**Transaction ID : SA11.16026011**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**C. MRS. JO ANNE T. VAUGHAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2031 CAVENDALE DRIVE  
City ROCK HILL State SC Zip Code 29732-8302  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16026058**  
Amount of Each Receipt this Period 35.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 135.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 574 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. JO ANNE T. VAUGHAN**

Mailing Address 2031 CAVENDALE DRIVE

City State Zip Code  
ROCK HILL SC 29732-8302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA11.16038051**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. TOURAJ JASON VEDADI**

Mailing Address P.O. BOX 27792

City State Zip Code  
SCOTTSDALE AZ 85255-0146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TITANIUM BUILDERS LLC. OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2015  
**Transaction ID : SA11.16031152**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DON A. VERNON**

Mailing Address 1448 SANTA LUISA DR.

City State Zip Code  
SOLANA BEACH CA 92075-1619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16037094**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5125.00

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

**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)	PAGE 575 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOAQUIM D. VICENTE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 75 SHADY RIVER CT  
City SACRAMENTO State CA Zip Code 95831-3432  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027950**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**B. MR. JOE VILLAREAL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2610 W CRAIG PL  
City SAN ANTONIO State TX Zip Code 78228-5301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 251.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031218**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**C. MR. JAMES VINCENT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 811 SADDLE CREEK FARMS DRIVE  
City CROSBY State TX Zip Code 77532-3399  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16039732**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 576 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. JULIET J. VINCENT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3107 WOODLAND RIDGE DRIVE  
 City WEST BLOOMFIELD State MI Zip Code 48323-3568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16033614**  
 Amount of Each Receipt this Period 65.00  
 CONTRIBUTION

**B. MR. JOSEPH B. VIOLETTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address INFO REQUESTED  
 City CORTE MADERA State CA Zip Code 94925-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA11.16038024**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**C. MR. JOSEPH B. VIOLETTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address INFO REQUESTED  
 City CORTE MADERA State CA Zip Code 94925-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16040028**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 577 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. GARY VISCO**

Mailing Address 41 EDGELEA DR.

City State Zip Code  
CHAMBERSBURG PA 17201-1349

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038379**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RICHARD A. VOELL**

Mailing Address 13611 DEERING BAY DR.  
APT 1101

City State Zip Code  
CORAL GABLES FL 33158-2843

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037694**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MELVIN E. VOLZ**

Mailing Address 24305 SAN RAFAEL RD.

City State Zip Code  
PUNTA GORDA FL 33955-4069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16030244**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

**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)	PAGE 578 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. VICTOR A. VORONEL</b>		Date of Receipt 10 / 21 / 2015 <b>Transaction ID : SA11.16034828</b>
Mailing Address 1881 MITCHELL AVE UNIT 23		Amount of Each Receipt this Period 7.50
City TUSTIN	State CA	Zip Code 92780-6367
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.50	

Full Name (Last, First, Middle Initial) <b>B. MR. VICTOR A. VORONEL</b>		Date of Receipt 10 / 30 / 2015 <b>Transaction ID : SA11.16041096</b>
Mailing Address 1881 MITCHELL AVE UNIT 23		Amount of Each Receipt this Period 5.00
City TUSTIN	State CA	Zip Code 92780-6367
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.50	

Full Name (Last, First, Middle Initial) <b>C. MR. EDGAR O. VYHMEISTER</b>		Date of Receipt 10 / 19 / 2015 <b>Transaction ID : SA11.16033713</b>
Mailing Address 10035 VINE SPRING ROAD		Amount of Each Receipt this Period 250.00
City SONORA	State CA	Zip Code 95370-9085
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer ENLOE MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	262.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 579 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MICHAEL R. WAGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 PACIFIC AVE  
 STE 207  
 City TACOMA State WA Zip Code 98402-4489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE WAGER GROUP INC. Occupation ARCHITECT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 01 / 2015  
**Transaction ID : SA11.16024821**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MR. EDWARD F. WAGNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 611  
 City BERWYN State PA Zip Code 19312-0611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA11.16038188**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MR. ROGER E. WAGNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2018 RANCHO VISTA DR.  
 City TWIN FALLS State ID Zip Code 83301-4326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WAGNER TRANSPORTATION CO. Occupation SELF-EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030648**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 450.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 580 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. PAUL J. WAKEFIELD**

Mailing Address P.O. BOX 91  
420 GANS RD

City State Zip Code  
GANS PA 15439-0091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. ARMY RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040699**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. DOLORES M. WALKER**

Mailing Address 2446 DORCHESTER DR. N APT 102

City State Zip Code  
TROY MI 48084-3752

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033356**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. FRANCES ANN WALKER**

Mailing Address 5920 N. CAMINO PADRE ISIDORO

City State Zip Code  
TUCSON AZ 85718-4032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038583**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 581 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JEARL D. WALKER**

Mailing Address 6917 BAL LAKE DR.

City State Zip Code  
FORT WORTH TX 76116-8017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
496.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027597**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JEARL D. WALKER**

Mailing Address 6917 BAL LAKE DR.

City State Zip Code  
FORT WORTH TX 76116-8017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
496.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033234**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RAY S. WALKER**

Mailing Address P.O. BOX 415

City State Zip Code  
BIGLER PA 16825-0415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040786**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00

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

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

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

FOR LINE NUMBER: PAGE 582 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT B. WALKER**

Mailing Address 4300 SOQUEL DRIVE SPC 215

City State Zip Code  
SOQUEL CA 95073-2150

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033816**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. BEATRICE C. WALLACE**

Mailing Address 4500 N VERSAILLES AVE

City State Zip Code  
DALLAS TX 75205-3015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039040**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. BEATRICE C. WALLACE**

Mailing Address 4500 N VERSAILLES AVE

City State Zip Code  
DALLAS TX 75205-3015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039388**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1050.00

**TOTAL** This Period (last page this line number only)..... ►

**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)	PAGE 583 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DENISE WALLACE**

Mailing Address 3758 ELKWOOD SECTION ROAD

City TONEY State AL Zip Code 35773-9352

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038527**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. PETER WALLISON**

Mailing Address 2540 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20008-

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN ENTERPRISE INSTITUTE Occupation SENIOR FELLOW

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16045860**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. VELMA WALLNER**

Mailing Address 1365 ELLA ST 29

City SAN LUIS OBISPO State CA Zip Code 93401-4196

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
318.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036506**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 584 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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 (Last, First, Middle Initial)  
**A. MRS. LINDA E. WALRAD**  
 Mailing Address 2100 LINWOOD AVENUE APT 14K  
 City State Zip Code  
 FORT LEE NJ 07024-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16040994**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. FRANK D. WALTERSCHEID**  
 Mailing Address 2784 PORTLAND AVE  
 City State Zip Code  
 CLOVIS CA 93619-8481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16037626**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. MIRIAM L. WALTON**  
 Mailing Address 23205 FARMINGTON RD  
 City State Zip Code  
 FARMINGTON MI 48336-3101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2015  
**Transaction ID : SA11.16029475**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 585 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. CAROL WARD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4802 OLD MILL RD  
City FORT WAYNE State IN Zip Code 46807-2928  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation VOLUNTEER  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **245.00**

Date of Receipt **10 / 19 / 2015**  
**Transaction ID : SA11.16033481**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION

**B. MRS. CAROL WARD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4802 OLD MILL RD  
City FORT WAYNE State IN Zip Code 46807-2928  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation VOLUNTEER  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **245.00**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : SA11.16041301**  
Amount of Each Receipt this Period **35.00**  
CONTRIBUTION

**C. NETA WARD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7536 MACKENZIE DR. NE  
City RIO RANCHO State NM Zip Code 87144-8413  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(   
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **225.00**

Date of Receipt **10 / 13 / 2015**  
**Transaction ID : SA11.16030723**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>95.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 586 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. NETA WARD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7536 MACKENZIE DR. NE  
City RIO RANCHO State NM Zip Code 87144-8413  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 19 / 2015**  
**Transaction ID : SA11.16032886**  
Amount of Each Receipt this Period  
**25.00**  
CONTRIBUTION

**B. NETA WARD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7536 MACKENZIE DR. NE  
City RIO RANCHO State NM Zip Code 87144-8413  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**  
**Transaction ID : SA11.16041016**  
Amount of Each Receipt this Period  
**50.00**  
CONTRIBUTION

**C. MARY WARDEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1701 HILLCREST DRIVE  
City HENRYETTA State OK Zip Code 74437-1908  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 09 / 2015**  
**Transaction ID : SA11.16029102**  
Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 587 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MARY WARDEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1701 HILLCREST DRIVE

City State Zip Code  
HENRYETTA OK 74437-1908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
10 / 14 / 2015  
**Transaction ID : SA11.16031059**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B. MARY WARDEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1701 HILLCREST DRIVE

City State Zip Code  
HENRYETTA OK 74437-1908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
10 / 21 / 2015  
**Transaction ID : SA11.16034572**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**C. MRS. ALICE B. WARE**  
Full Name (Last, First, Middle Initial)

Mailing Address 366 FAIRWAY AVE

City State Zip Code  
CHILLICOTHE OH 45601-1217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 14 / 2015  
**Transaction ID : SA11.16031795**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 588 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. WALTER G. WARTOLEC**  
 Mailing Address 927 CORNELL CT  
 City MADISON State WI Zip Code 53705-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation REAL ESTATE MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2015  
**Transaction ID : SA11.16032030**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. FRANK M. WATSON**  
 Mailing Address 228 HAPPY HOLLOW DR  
 City DOVER State TN Zip Code 37058-5722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16027741**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. NORMAN C. WATSON**  
 Mailing Address P.O. BOX 1437  
 City CLEARLAKE State CA Zip Code 95422-1437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 08 / 2015  
**Transaction ID : SA11.16028851**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 589 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. NORMAN C. WATSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 1437

City CLEARLAKE	State CA	Zip Code 95422-1437
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

**Transaction ID : SA11.16045382**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**

**B. ROBB WATTERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1030 15TH STREET NW  
SUITE 1080 WEST TOWER

City WASHINGTON	State DC	Zip Code 20005-1503
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer THE MADISON GROUP	Occupation MANAGING PARTNER
---------------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2015

**Transaction ID : SA11.16025959**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**

**C. MR. LINDSAY F. WATTON JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 509 HUNTERS LN

City ORELAND	State PA	Zip Code 19075-2339
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

**Transaction ID : SA11.16033883**

Amount of Each Receipt this Period  

75.00
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**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 590 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. TERRIE BABBITT WAUGHTAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5379 LYNBROOK  
 City HOUSTON State TX Zip Code 77056-2004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030362**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MS. MARYLA WEBB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1517 CHARLETON DRIVE  
 City MONTGOMERY State AL Zip Code 36106-3048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ADEM Occupation SENIOR ENVIRONMENTAL SCIENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036263**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MR. EDWARD V. WEBER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O BOX 1165  
 City PORT EWEN State NY Zip Code 12466-1165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA11.16035511**  
 Amount of Each Receipt this Period 15.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 591 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. E. W. WEEKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 31 HILLTOP RD

City MENDHAM State NJ Zip Code 07945-1206

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034851**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**B. MELVIN WEELER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5301 WOODLAND AVE

City MODESTO State CA Zip Code 95358-9593

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16027525**

Amount of Each Receipt this Period  
 110.00

CONTRIBUTION

**C. S. CONRAD WEIL JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 UPTOWN PARK BLVD. UNIT 184

City HOUSTON State TX Zip Code 77056-3285

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031241**

Amount of Each Receipt this Period  
 150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 310.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 592 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ELIOT R. WEINSTEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5328 W PENSACOLA AVE  
 City CHICAGO State IL Zip Code 60641-1308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036236**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. ROBERT L. WELDON JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 JAMES LN  
 City VERSAILLES State KY Zip Code 40383-9315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034307**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**C. ROBERT L. WELDON JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 JAMES LN  
 City VERSAILLES State KY Zip Code 40383-9315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 21 / 2015  
**Transaction ID : SA11.16034813**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 325.00  
**TOTAL** This Period (last page this line number only).....▶



**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)	PAGE 593 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. LYLE L. WELLS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1751 W BOWLING ST

City	State	Zip Code
ANAHEIM	CA	92804-5504

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NOT EMPLOYED	NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

**Transaction ID : SA11.16039498**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B. MR. LYLE L. WELLS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1751 W BOWLING ST

City	State	Zip Code
ANAHEIM	CA	92804-5504

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NOT EMPLOYED	NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

**Transaction ID : SA11.16039662**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C. GEORGANN WEMDE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3836 CANDY LN

City	State	Zip Code
ODESSA	TX	79762-7041

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFF	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : SA11.16030742**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 594 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. ETHEL M. WENDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 254 HIGHLAND VILLAGE DR.  
 City VALLEY PARK State MO Zip Code 63088-1542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : SA11.16033149**  
 Amount of Each Receipt this Period 70.00  
 CONTRIBUTION

**B. MR. DAVID G. WEST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 LAKEWOOD DR.  
 City MCLLOUD State OK Zip Code 74851-8539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034322**  
 Amount of Each Receipt this Period 15.00  
 CONTRIBUTION

**C. MR. KURT C. WHEELER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25487 ADOBE LN  
 City LOS ALTOS HILLS State CA Zip Code 94022-4502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CLARUS VENTURES Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.16030675**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5085.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 595 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. THOMAS B. WHEELER**

Mailing Address 1221 GULF SHORE BLVD NORTH #502

City State Zip Code  
NAPLES FL 34102-4900

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2015  
**Transaction ID : SA11.16031951**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. NANCY A. WHITE**

Mailing Address 3800 SHAMROCK DR

City State Zip Code  
CHARLOTTE NC 28215-3220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2015  
**Transaction ID : SA11.16029515**

Amount of Each Receipt this Period  
220.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ROBERT D. WHITE**

Mailing Address 55 DINSMORE AVE APT 608

City State Zip Code  
FRAMINGHAM MA 01702-6028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA11.16034725**

Amount of Each Receipt this Period  
60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 780.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 596 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. CLARENCE WHITNEY**  
 Mailing Address 19 GREAT POINTE  
 City State Zip Code  
 PLYMOUTH MA 02360-7755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA11.16045752**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. GLORIA WHITNEY**  
 Mailing Address 4955 H D ATHA RD  
 City State Zip Code  
 COVINGTON GA 30014-0725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : SA11.16024885**  
 Amount of Each Receipt this Period  
 80.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. CURTIS WHITTLESEY**  
 Mailing Address 1880 BROOKWOOD AVE APT. 509  
 City State Zip Code  
 BURLINGTON NC 27215-3206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031573**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 205.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <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
	PAGE 597 OF 824								

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DONALD R. WHITTINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 VISTA RD.  
 City CHEHALIS State WA Zip Code 98532-8703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.16027640**  
 Amount of Each Receipt this Period  
 90.00  
 CONTRIBUTION

**B. MRS. RACHEL S. WHITTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 GREENBRIAR CIR.  
 City KERRVILLE State TX Zip Code 78028-6520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16030926**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MS. KATHRYN JANET WIECHMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 9169  
 City HUNTSVILLE State TX Zip Code 77340-0020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2015  
**Transaction ID : SA11.16029522**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 598 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DAVID H. WILDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 270 RIDGECREST CIRCLE, APT 213  
 City LEWISBURG State PA Zip Code 17837-6348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2875.00

Date of Receipt 10 / 08 / 2015  
**Transaction ID : SA11.16028823**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. DAVID H. WILDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 270 RIDGECREST CIRCLE, APT 213  
 City LEWISBURG State PA Zip Code 17837-6348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2875.00

Date of Receipt 10 / 10 / 2015  
**Transaction ID : SA11.16029264**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. DAVID H. WILDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 270 RIDGECREST CIRCLE, APT 213  
 City LEWISBURG State PA Zip Code 17837-6348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2875.00

Date of Receipt 10 / 16 / 2015  
**Transaction ID : SA11.16032488**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1050.00  
**TOTAL** This Period (last page this line number only)..... ►

**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)	PAGE 599 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. RAYMOND G. WILE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2106 HORNES LAKE RD.

City WILLIAMSBURG State VA Zip Code 23185-7510

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1015.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11.16026199**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B. EMMA WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2601 W 82ND ST

City INGLEWOOD State CA Zip Code 90305-1428

FEC ID number of contributing federal political committee. **C**

Name of Employer US GOVERNMENT Occupation GOVERNMENT EMPLOYEE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3124.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16029001**

Amount of Each Receipt this Period  
 -250.00

CONTRIBUTION

CHARGED BACK

**C. EMMA WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2601 W 82ND ST

City INGLEWOOD State CA Zip Code 90305-1428

FEC ID number of contributing federal political committee. **C**

Name of Employer US GOVERNMENT Occupation GOVERNMENT EMPLOYEE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3124.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16033844A**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

CHARGED BACK \$250.00 ON 10/15/2015

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 600 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. EMMA WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2601 W 82ND ST

City INGLEWOOD	State CA	Zip Code 90305-1428
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer US GOVERNMENT	Occupation GOVERNMENT EMPLOYEE
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3124.18

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

**Transaction ID : SA11.16033844B**

Amount of Each Receipt this Period  
-250.00

CONTRIBUTION

CHARGED BACK

**B. EMMA WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2601 W 82ND ST

City INGLEWOOD	State CA	Zip Code 90305-1428
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer US GOVERNMENT	Occupation GOVERNMENT EMPLOYEE
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3124.18

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

**Transaction ID : SA11.16037737**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C. EMMA WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2601 W 82ND ST

City INGLEWOOD	State CA	Zip Code 90305-1428
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer US GOVERNMENT	Occupation GOVERNMENT EMPLOYEE
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3124.18

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : SA11.16040608**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 601 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. EMMA WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2601 W 82ND ST

City Inglewood State CA Zip Code 90305-1428

FEC ID number of contributing federal political committee. **C**

Name of Employer US GOVERNMENT Occupation GOVERNMENT EMPLOYEE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3124.18

Date of Receipt 10 / 21 / 2015  
Transaction ID : SA11.16041572A

Amount of Each Receipt this Period 375.00

CONTRIBUTION

CHARGED BACK \$375.00 ON 10/26/2015

**B. EMMA WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2601 W 82ND ST

City Inglewood State CA Zip Code 90305-1428

FEC ID number of contributing federal political committee. **C**

Name of Employer US GOVERNMENT Occupation GOVERNMENT EMPLOYEE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3124.18

Date of Receipt 10 / 26 / 2015  
Transaction ID : SA11.16041572B

Amount of Each Receipt this Period -375.00

CONTRIBUTION

CHARGED BACK

**C. EMMA WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2601 W 82ND ST

City Inglewood State CA Zip Code 90305-1428

FEC ID number of contributing federal political committee. **C**

Name of Employer US GOVERNMENT Occupation GOVERNMENT EMPLOYEE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3124.18

Date of Receipt 10 / 29 / 2015  
Transaction ID : SA11.16041573A

Amount of Each Receipt this Period 500.00

CONTRIBUTION

CHARGED BACK \$500.00 ON 10/30/2015

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 602 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. EMMA WILLIAMS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2015
Mailing Address 2601 W 82ND ST		<b>Transaction ID : SA11.16041573B</b>
City INGLEWOOD	State CA	Zip Code 90305-1428
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -500.00	
Name of Employer US GOVERNMENT	Occupation GOVERNMENT EMPLOYEE	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3124.18	CHARGED BACK

Full Name (Last, First, Middle Initial) <b>B. EMMA WILLIAMS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2015
Mailing Address 2601 W 82ND ST		<b>Transaction ID : SA11.16041574A</b>
City INGLEWOOD	State CA	Zip Code 90305-1428
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer US GOVERNMENT	Occupation GOVERNMENT EMPLOYEE	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3124.18	CHARGED BACK \$250.00 ON 10/30/2015

Full Name (Last, First, Middle Initial) <b>C. EMMA WILLIAMS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2015
Mailing Address 2601 W 82ND ST		<b>Transaction ID : SA11.16041574B</b>
City INGLEWOOD	State CA	Zip Code 90305-1428
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -250.00	
Name of Employer US GOVERNMENT	Occupation GOVERNMENT EMPLOYEE	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3124.18	CHARGED BACK

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	-500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 603 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. EMMA WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2601 WEST 82ND STREET  
U.S. GOVERNMENT

City Inglewood State CA Zip Code 90305-1428

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. GOVERNMENT Occupation OWNER/MGMT. BNSF RR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3124.18

Date of Receipt  
10 / 04 / 2015  
**Transaction ID : SA11.16026033**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**B. MR. GALE T. WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 834 22ND ST

City Santa Monica State CA Zip Code 90403-2009

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
10 / 26 / 2015  
**Transaction ID : SA11.16036468**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C. LAWRENCE K. WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 34 EASTRIDGE DR.

City Santa Cruz State CA Zip Code 95060-1803

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
10 / 03 / 2015  
**Transaction ID : SA11.16025990**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 604 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MARGARET B. WILLIAMS**

Mailing Address 2012 IVY WAY

City State Zip Code  
NEWPORT TN 37821-8358

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16028553**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. TIM WILLIAMS**

Mailing Address 3571 TODD DRIVE

City State Zip Code  
DOUGLASVILLE GA 30135-2548

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GREYSTONE POWER CORPORATION VICE PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16039147**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. VALERIE HELEN WILLIAMS**

Mailing Address 3140 S. PRAIRE DOG WAY

City State Zip Code  
GARDEN CITY UT 84028-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2015  
**Transaction ID : SA11.16032393**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 605 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. VALERIE HELEN WILLIAMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3140 S. PRAIRE DOG WAY  
City GARDEN CITY State UT Zip Code 84028-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 24 / 2015  
**Transaction ID : SA11.16035607**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**B. MR. PAUL J. WILLOUGHBY JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12389 NW KEARNEY STREET  
City PORTLAND State OR Zip Code 97229-4943  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 212.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031452**  
Amount of Each Receipt this Period 53.00  
CONTRIBUTION

**C. ALLEN EDWARD WILSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23626 SOUTH ROSECREST DRIVE  
City SUN LAKES State AZ Zip Code 85248-0812  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 02 / 2015  
**Transaction ID : SA11.16026210**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 128.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 606 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. ART WILSON**

Mailing Address 4800 MORGAN MILL RD

City CARSON CITY State NV Zip Code 89701-2969

FEC ID number of contributing federal political committee. **C**

Name of Employer ART WILSON COMPANY Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 20 / 2015**

**Transaction ID : SA11.16034391**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. C P. WILSON**

Mailing Address 113 YUKON TER

City GEORGETOWN State TX Zip Code 78633-5101

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 05 / 2015**

**Transaction ID : SA11.16026758**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. GARY L. WILSON**

Mailing Address 61779 VALLEY VIEW CIR

City JOSHUA TREE State CA Zip Code 92252-2582

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **438.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 09 / 2015**

**Transaction ID : SA11.16029743**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **400.00**

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 607 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. HEIDI WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 777 6TH ST NW  
APT 2

City WASHINGTON State DC Zip Code 20001-3723

FEC ID number of contributing federal political committee. **C**

Name of Employer GPHA Occupation DIRECTOR FEDERAL GOVERNMENT AFFAIR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
10 / 15 / 2015  
**Transaction ID : SA11.16031933**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B. MRS. MARILYN L. WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 35 FORESTVIEW DR.

City VERNON ROCKVILLE State CT Zip Code 06066-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
10 / 05 / 2015  
**Transaction ID : SA11.16027369**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**C. MRS. MARY LOU WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4501 GREEN TREE BLVD

City MIDLAND State TX Zip Code 79707-1607

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
10 / 15 / 2015  
**Transaction ID : SA11.16031115**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 608 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. RONALD F. WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 CEDARWING LN

City SPRING State TX Zip Code 77380-1510

FEC ID number of contributing federal political committee. **C**

Name of Employer HORN SOLUTIONS INC Occupation ACCOUNTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036985**

Amount of Each Receipt this Period 75.00

CONTRIBUTION

**B. W. PATRICK WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1701 16TH STREET, NW #125

City WASHINGTON State DC Zip Code 20009-3110

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation SELF EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 10 / 2015  
**Transaction ID : SA11.16029229**

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**C. MR. WELDON WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 16650 SHERMAN WAY

City VAN NUYS State CA Zip Code 91406-3782

FEC ID number of contributing federal political committee. **C**

Name of Employer KRAMER-WILSON Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16039549**

Amount of Each Receipt this Period 50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 609 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. SYLVIA J. WINDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4002 16TH ST APT 4401  
City LUBBOCK State TX Zip Code 79416-6039  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation INVESTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 530.00

Date of Receipt 10 / 05 / 2015  
Transaction ID : SA11.16026771  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**B. MRS. CARA H. WINGERT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 558 BAUGHMAN AVE  
City CLAREMONT State CA Zip Code 91711-3732  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 26 / 2015  
Transaction ID : SA11.16037079  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**C. MS. LORRAINE WINK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 611 S OAKLAND AVE  
City VILLA PARK State IL Zip Code 60181-3077  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2015  
Transaction ID : SA11.16031335  
Amount of Each Receipt this Period 30.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 130.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 610 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. PETER M. WINTON</b>		Date of Receipt 10 / 05 / 2015 <b>Transaction ID : SA11.16026687</b>
Mailing Address 131 LAKE PINE CIR APT D-2		Amount of Each Receipt this Period 40.00
City GREENACRES	State FL	Zip Code 33463-5151
FEC ID number of contributing federal political committee.	C	
Name of Employer BRANDSMART WA	Occupation SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
<b>CONTRIBUTION</b>		

Full Name (Last, First, Middle Initial) <b>B. RITA WISEMAN</b>		Date of Receipt 10 / 24 / 2015 <b>Transaction ID : SA11.16035576</b>
Mailing Address 2314 TRINITY PARK		Amount of Each Receipt this Period 35.00
City DEER PARK	State TX	Zip Code 77536-5604
FEC ID number of contributing federal political committee.	C	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
<b>CONTRIBUTION</b>		

Full Name (Last, First, Middle Initial) <b>C. MR. WILLIAM WITTER</b>		Date of Receipt 10 / 20 / 2015 <b>Transaction ID : SA11.16033779</b>
Mailing Address 2398 E. DURANGO DRIVE		Amount of Each Receipt this Period 30.00
City CASA GRANDE	State AZ	Zip Code 85194-8378
FEC ID number of contributing federal political committee.	C	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
<b>CONTRIBUTION</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 611 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. ADELAIDE F. WOLFANGER**  
 Mailing Address 34 PITCAIRN AVE  
 City State Zip Code  
 HO HO KUS NJ 07423-1658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16026816**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. ADELAIDE F. WOLFANGER**  
 Mailing Address 34 PITCAIRN AVE  
 City State Zip Code  
 HO HO KUS NJ 07423-1658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.16033175**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. THOMAS G. WOLFGANG**  
 Mailing Address 84 BARRE DR.  
 City State Zip Code  
 LANCASTER PA 17601-3206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11.16032518**  
 Amount of Each Receipt this Period  
 15.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 612 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. THOMAS G. WOLFGANG**

Mailing Address 84 BARRE DR.

City State Zip Code  
LANCASTER PA 17601-3206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11.16032553**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. EDWARD G. WONG**

Mailing Address 11186 PACEMONT LN.

City State Zip Code  
SAN DIEGO CA 92126-4876

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036566**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DONNIE L. WOOD**

Mailing Address P.O. BOX 127

City State Zip Code  
SNOW LAKE AR 72379-0127

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED FARMER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16028980**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 613 OF 824
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JOAN E. WOODS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3110 DRAPER ST  
 City PHILADELPHIA State PA Zip Code 19136-1917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MERCY HEALTH SYSTEM Occupation NURSE/RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.16031424**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MR. BROOKS WRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 HIGHLAND PK PL  
 City RYE State NY Zip Code 10580-1736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MARINE INDUSTRIAL Occupation VICE PRESIDENT OF FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038987**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MR. JERRY M. WRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 W. VETERANS MEMORIAL BLVD.  
 City HARKER HEIGHTS State TX Zip Code 76548-1148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation MERCHANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2015  
**Transaction ID : SA11.16028840**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 614 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. LEON T. WRIGHT**

Mailing Address 1006 SLATEWORTH DR.

City State Zip Code  
DURHAM NC 27703-6180

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031343**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RICHARD A. WRIGHT**

Mailing Address 13255 SW 16TH CT APT 107

City State Zip Code  
PEMBROKE PINES FL 33027-6410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031196**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. PETER E. WRIST**

Mailing Address 7778SE COUNTRY ESTATES WAY

City State Zip Code  
JUPITER FL 33458-1042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16039093**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 615 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ROY WUTHIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 714 VINTAGE LANE  
 City COLUMBIA State SC Zip Code 29210-5109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : SA11.16035519**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. MR. ROY WUTHIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 714 VINTAGE LANE  
 City COLUMBIA State SC Zip Code 29210-5109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16038497**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MS. FRANCES WYNIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1900 S MAIN AVE APT 110  
 City SIOUX CENTER State IA Zip Code 51250-1163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11.16026225**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 616 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. THOMAS MICHAEL YACKISH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2821 PARKSIDE DR  
 City JENISON State MI Zip Code 49428-9171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11.16027380**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**B. DR. SARA K. YAFTALI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4315 COMMERCE DR STE 440 PMB 226  
 City LAFAYETTE State IN Zip Code 47905-3825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DDA & ASSOCIATES Occupation DOCTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 515.00

Date of Receipt 10 / 16 / 2015  
**Transaction ID : SA11A.658645345**  
 Amount of Each Receipt this Period 515.00  
 CONTRIBUTION

**C. DR. STEVE M. YAFTALI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1812 N 78TH ST  
 City KANSAS CITY State KS Zip Code 66112-2058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WEST MAIN HOSPITAL Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11A.658645346**  
 Amount of Each Receipt this Period 450.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1165.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 617 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MICHELLE F. YARBOROUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1906 JOLIETTE CT  
 City ALEXANDRIA State VA Zip Code 22307-1626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.16026515**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MS. JAN YEAGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63776 HARRIET RD  
 City COOS BAY State OR Zip Code 97420-3991  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036441**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**C. MR. ROBERT A. YEARWOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1573 WOODLAWN RD  
 City BRIGHTON State TN Zip Code 38011-6529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16029731**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 618 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT A. YEARWOOD**  
 Mailing Address 1573 WOODLAWN RD  
 City State Zip Code  
 BRIGHTON TN 38011-6529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 211.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031043**  
 Amount of Each Receipt this Period  
 15.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT A. YEARWOOD**  
 Mailing Address 1573 WOODLAWN RD  
 City State Zip Code  
 BRIGHTON TN 38011-6529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 211.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11.16031344**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DONNA YELUSICH**  
 Mailing Address 331 W. 10TH STREET  
 City State Zip Code  
 SAN PEDRO CA 90731-3715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TORRANCE MEMORIAL MEDICAL CENTER REGISTERED NURSE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036288**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 619 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. MARION S. YERKES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3679 BLACKFOOT CT SW  
 City GRANDVILLE State MI Zip Code 49418-1721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 01 / 2015  
**Transaction ID : SA11.16024867**  
 Amount of Each Receipt this Period 110.00  
 CONTRIBUTION

**B. WILLIAM R. YETMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8805 STARK RD.  
 City ANNANDALE State VA Zip Code 22003-3962  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 08 / 2015  
**Transaction ID : SA11.16029049**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. WILLIAM R. YETMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8805 STARK RD.  
 City ANNANDALE State VA Zip Code 22003-3962  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036395**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 310.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 620 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT YORK**

Mailing Address 100 HILTON AVENUE

City State Zip Code  
GARDEN CITY NY 11530-1564

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KELLENBERG MEMORIAL HIGH SCHOOL TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 06 / 2015  
**Transaction ID : SA11.16026491**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. KATHERINE J. YOUELL**

Mailing Address 3910 BALDWIN RD

City State Zip Code  
CHESTER VA 23831-4703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.00

Date of Receipt  
10 / 27 / 2015  
**Transaction ID : SA11.16037543**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. ANN B. YOUNG**

Mailing Address 1133 WOODLAND DR. NW

City State Zip Code  
WILSON NC 27893-2123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  
10 / 26 / 2015  
**Transaction ID : SA11.16037194**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 621 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. BEVERLY YOUNG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 CEDAR POINT DRIVE  
City SAVANNAH State GA Zip Code 31405-1021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : SA11.16045624**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**B. LINDA YOUNG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2040 CEDAR POINT LN.  
City CUMMING State GA Zip Code 30041-7255  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FORSYTH COUNTY BOE Occupation TEACHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2015  
**Transaction ID : SA11.16032007**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. MR. RICHARD W. ZAHN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10040 E HAPPY VALLEY RD UNIT 601  
City SCOTTSDALE State AZ Zip Code 85255-2347  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SCHERING - PLOUGH Occupation PHARMACEUTICAL  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.16028974**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 450.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 622 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. MR. RICHARD F. ZAMBONI**  
Full Name (Last, First, Middle Initial)

Mailing Address 15714 COLORADO AVENUE

City PARAMOUNT	State CA	Zip Code 90723-4211
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FRANK J. ZAMBONI & CO., INC.	Occupation MANUFACTURER
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

**Transaction ID : SA11.16045625**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B. JUNE ZEIGLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 739 E 2ND ST N

City MORRISTOWN	State TN	Zip Code 37814-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

**Transaction ID : SA11.16033805**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C. JUNE ZEIGLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 739 E 2ND ST N

City MORRISTOWN	State TN	Zip Code 37814-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

**Transaction ID : SA11.16038082A**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

CHARGED BACK \$100.00 ON 10/29/2015

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 623 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

**A. JUNE ZEIGLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 739 E 2ND ST N  
 City MORRISTOWN State TN Zip Code 37814-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038082B**  
 Amount of Each Receipt this Period -100.00  
 CONTRIBUTION  
 CHARGED BACK

**B. JUNE ZEIGLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 739 E 2ND ST N  
 City MORRISTOWN State TN Zip Code 37814-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 21 / 2015  
**Transaction ID : SA11.16038083A**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 CHARGED BACK \$100.00 ON 10/29/2015

**C. JUNE ZEIGLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 739 E 2ND ST N  
 City MORRISTOWN State TN Zip Code 37814-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038083B**  
 Amount of Each Receipt this Period -100.00  
 CONTRIBUTION  
 CHARGED BACK

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	-100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 624 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JUNE ZEIGLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 739 E 2ND ST N  
 City MORRISTOWN State TN Zip Code 37814-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038084**  
 Amount of Each Receipt this Period -100.00  
 CONTRIBUTION  
 CHARGED BACK

**B. JUNE ZEIGLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 739 E 2ND ST N  
 City MORRISTOWN State TN Zip Code 37814-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038085**  
 Amount of Each Receipt this Period -100.00  
 CONTRIBUTION  
 CHARGED BACK

**C. JUNE ZEIGLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 739 E 2ND ST N  
 City MORRISTOWN State TN Zip Code 37814-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : SA11.16038086**  
 Amount of Each Receipt this Period -100.00  
 CONTRIBUTION  
 CHARGED BACK

**SUBTOTAL** of Receipts This Page (optional)..... ▶ -300.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 625 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MERLE M. ZEINE**  
 Mailing Address 252A ESTATES DRIVE  
 City State Zip Code  
 CHICO CA 95928-7413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : SA11.16030066**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MICHAEL R. ZIMMERMAN**  
 Mailing Address 67 GLENVILLE RD.  
 City State Zip Code  
 GREENWICH CT 06831-4427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MC CREDIT PARTNERS INVESTMENT MANAGER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11.16031145**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. SCOTT ZIMMERMAN**  
 Mailing Address 46 MINNEHAHA CIR.  
 City State Zip Code  
 MAITLAND FL 32751-4539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED REAL ESTATE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16045864**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 626 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. MARJORIE JEAN ZISKOVSKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 S BROADWAY ST  
 City TOLEDO State IA Zip Code 52342-1311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 20 / 2015  
**Transaction ID : SA11.16034052**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**B. MR. HANS-JOERG ZOBEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 TONY TISKAS PATH  
 City WATER MILL State NY Zip Code 11976-2230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2015  
**Transaction ID : SA11.16045815**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MR. JOHN ZOLKOWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 427 LANTERN WOOD DRIVE  
 City SCOTSDALE State GA Zip Code 30079-6800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEORGIA PARENT SUPPORT NETWORK Occupation ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16036611**  
 Amount of Each Receipt this Period 15.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 365.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 627 OF 824  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. ANNA M. ZUMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8706 ROPER RD  
 City State Zip Code  
 PARKVILLE MD 21234-2816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11.16036779**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

**B. EVELYN ZUR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5915 N PONDEROSA WAY  
 City State Zip Code  
 PARKER CO 80134-5520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED SALES  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16033768**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MUCKLESHOOT INDIAN TRIBE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39015 172ND AVE SE  
 City State Zip Code  
 AUBURN WA 98092-9763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.16041565**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10080.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 628 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. PALA BAND OF MISSION INDIANS</b>		Date of Receipt
Mailing Address 35008 PALA TEMECULA RD PMB 50		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
PALA	CA	92059-2419
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11.16031147</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. VOTESANE PAC</b>		Date of Receipt
Mailing Address PO BOX 2713		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
ALEXANDRIA	VA	22301-0713
FEC ID number of contributing federal political committee.	<input type="text" value="C C00484535"/>	Transaction ID : <b>SA11.16045891</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="3325.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="91675.00"/>	<b>[MEMO ITEM]</b> EARMARKED CONTRIBUTION FROM CONDUIT

Full Name (Last, First, Middle Initial) <b>C. MARK ALLEN</b>		Date of Receipt
Mailing Address 18306 SHAVERS LAKE DR.		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
WAYZATA	MN	55391-3339
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11.16045960</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MINNEAPOLIS AREA ASSN OF REALTORS	CEO	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	EARMARK: VOTESANE PAC

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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)	PAGE 629 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. KENYA BURRELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 5602 WESTERHAM

City HOUSTON State TX Zip Code 77069-1936

FEC ID number of contributing federal political committee. **C**

Name of Employer REAL ESTATE Occupation REAL ESTATE BROKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2015  
**Transaction ID : SA11.16045959**

Amount of Each Receipt this Period 500.00

CONTRIBUTION

EARMARK: VOTESANE PAC

**B. DEBORAH COREY**  
Full Name (Last, First, Middle Initial)

Mailing Address 933 W. THIRD ST.

City ROCHESTER State MI Zip Code 48307-1810

FEC ID number of contributing federal political committee. **C**

Name of Employer RE/MAX METROPOLITAN Occupation REAL ESTATE BROKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2015  
**Transaction ID : SA11.16045957**

Amount of Each Receipt this Period 500.00

CONTRIBUTION

EARMARK: VOTESANE PAC

**C. ANN DEFRIES**  
Full Name (Last, First, Middle Initial)

Mailing Address 905 SE 12 ST.

City DEERFIELD BEACH State FL Zip Code 33441-7020

FEC ID number of contributing federal political committee. **C**

Name of Employer KELLER WILLIAMS REALTY SERVICE Occupation REAL ESTATE BROKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2015  
**Transaction ID : SA11.16045958**

Amount of Each Receipt this Period 500.00

CONTRIBUTION

EARMARK: VOTESANE PAC

**SUBTOTAL** of Receipts This Page (optional).....▶ 1500.00

**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 630 OF 824
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. NORMAN MORRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 662 WHEATSHEAF DRIVE

City BATON ROUGE State LA Zip Code 70810-0904

FEC ID number of contributing federal political committee. **C**

Name of Employer LOUISIANA REALTORS ASSN Occupation STAFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : SA11.16045956**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

EARMARK: VOTESANE PAC

**B. LINDA PORTERFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1020 CHESTNUT GLEN

City ATHENS State GA Zip Code 30606-7642

FEC ID number of contributing federal political committee. **C**

Name of Employer KELLER WILLIAMS REALTY GREATER Occupation REAL ESTATE BROKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : SA11.16045961**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

EARMARK: VOTESANE PAC

**C. SANDRA STEVENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 11564 ROUTE 6

City WELLSBORO State PA Zip Code 16901-6749

FEC ID number of contributing federal political committee. **C**

Name of Employer UNITED COUNTRY REALTY PIONEERS Occupation REAL ESTATE BROKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : SA11.16045962**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

EARMARK: VOTESANE PAC

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 631 OF 824
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. VOTESANE PAC**

Mailing Address **PO BOX 2713**

City **ALEXANDRIA** State **VA** Zip Code **22301-0713**

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**91675.00**

Date of Receipt  
**10 / 30 / 2015**

**Transaction ID : SA11.16045963**

Amount of Each Receipt this Period  
**475.00**

CONTRIBUTION

**[MEMO ITEM]**  
EARMARKED CONTRIBUTION FROM CONDUIT

Full Name (Last, First, Middle Initial)  
**B. DALE ZAHN**

Mailing Address **12916 168TH AVE.**

City **GRAND HAVEN** State **MI** Zip Code **49417-9657**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**WEST MICHIGAN LAKESHORE ASSOCIATION**  
CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**10 / 26 / 2015**

**Transaction ID : SA11.16045964**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

EARMARK: VOTESANE PAC

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>668031.50</b>

**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)	PAGE 632 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 (Last, First, Middle Initial) <b>A. ADRIAN SMITH FOR CONGRESS</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 05 / 2015 <b>Transaction ID : SA11.16031142</b>
Mailing Address 3321 AVENUE I SUITE 6		Amount of Each Receipt this Period 28500.00
City SCOTTSBLUFF	State NE	Zip Code 69361-4587
FEC ID number of contributing federal political committee. <b>C</b> C00412890		TRANSFER
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 78500.00	

Full Name (Last, First, Middle Initial) <b>B. BILL SHUSTER FOR CONGRESS</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2015 <b>Transaction ID : SA11.16033835</b>
Mailing Address PO BOX 27		Amount of Each Receipt this Period 21790.00
City HOLLIDAYSBURG	State PA	Zip Code 16648-0027
FEC ID number of contributing federal political committee. <b>C</b> C00364935		TRANSFER
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 165000.00	

Full Name (Last, First, Middle Initial) <b>C. BILL SHUSTER FOR CONGRESS</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2015 <b>Transaction ID : SA11.16033836</b>
Mailing Address PO BOX 27		Amount of Each Receipt this Period 78210.00
City HOLLIDAYSBURG	State PA	Zip Code 16648-0027
FEC ID number of contributing federal political committee. <b>C</b> C00364935		TRANSFER
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 165000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	128500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 633 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

**A. BILLY LONG FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3541 E. KINGSWOOD

City SPRINGFIELD	State MO	Zip Code 65809-4500
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00460063

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
133000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

**Transaction ID : SA11.16031138**

Amount of Each Receipt this Period  
69500.00

TRANSFER

**B. BRADY FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 8277

City THE WOODLANDS	State TX	Zip Code 77387-8277
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00311043

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
96900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : SA11.16032777**

Amount of Each Receipt this Period  
75000.00

TRANSFER

**C. BUCSHON FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 250

City NEWBURGH	State IN	Zip Code 47629-0250
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00468256

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

**Transaction ID : SA11.16033840**

Amount of Each Receipt this Period  
25000.00

TRANSFER

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	169500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 634 OF 824
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" 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**

**A. BUDDY CARTER FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 E SAINT JULIAN STREET  
City SAVANNAH State GA Zip Code 31401-2700  
FEC ID number of contributing federal political committee. **C** C00543967  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16041560**  
Amount of Each Receipt this Period 10000.00  
TRANSFER

**B. BYRNE FOR CONGRESS INC.**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 2743  
City MOBILE State AL Zip Code 36652-2743  
FEC ID number of contributing federal political committee. **C** C00545673  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 119367.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16038110**  
Amount of Each Receipt this Period 55000.00  
TRANSFER

**C. COLLINS FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 1295  
City GAINESVILLE State GA Zip Code 30503-1295  
FEC ID number of contributing federal political committee. **C** C00502039  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 88250.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA11.16038113**  
Amount of Each Receipt this Period 25000.00  
TRANSFER

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 635 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 (Last, First, Middle Initial)  
**A. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address P.O. BOX 6545

City VISALIA State CA Zip Code 93290-6545

FEC ID number of contributing federal political committee. **C C00370056**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**305600.00**

Date of Receipt  
**10 / 29 / 2015**

**Transaction ID : SA11.16041553**

Amount of Each Receipt this Period  
**131600.00**

TRANSFER

Full Name (Last, First, Middle Initial)  
**B. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address P.O. BOX 6545

City VISALIA State CA Zip Code 93290-6545

FEC ID number of contributing federal political committee. **C C00370056**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**305600.00**

Date of Receipt  
**10 / 30 / 2015**

**Transaction ID : SA11.16041559**

Amount of Each Receipt this Period  
**12000.00**

TRANSFER

Full Name (Last, First, Middle Initial)  
**C. DIANE BLACK FOR CONGRESS**

Mailing Address PO BOX 1437

City GALLATIN State TN Zip Code 37066-1437

FEC ID number of contributing federal political committee. **C C00472878**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**96000.00**

Date of Receipt  
**10 / 23 / 2015**

**Transaction ID : SA11.16038079**

Amount of Each Receipt this Period  
**6000.00**

TRANSFER

**SUBTOTAL** of Receipts This Page (optional)..... **149600.00**

**TOTAL** This Period (last page this line number only).....

**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)	PAGE 636 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

**A. DR BRIAN BABIN FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 159  
City WOODVILLE State TX Zip Code 75979-0159  
FEC ID number of contributing federal political committee. **C** C00553859  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.16043191**  
Amount of Each Receipt this Period 5000.00  
TRANSFER

**B. EMMER FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 998  
City ANOKA State MN Zip Code 55303-0998  
FEC ID number of contributing federal political committee. **C** C00545749  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 112442.47

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA11.16038074**  
Amount of Each Receipt this Period 61753.00  
TRANSFER

**C. EMMER FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 998  
City ANOKA State MN Zip Code 55303-0998  
FEC ID number of contributing federal political committee. **C** C00545749  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 112442.47

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA11.16038102**  
Amount of Each Receipt this Period 6000.00  
TRANSFER

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72753.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 637 OF 824  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. FRIENDS OF JOE PITTS**  
 Mailing Address P.O. BOX 775  
 City State Zip Code  
 UNIONVILLE PA 19375-0775  
 FEC ID number of contributing federal political committee. **C** C00310136  
 Name of Employer Occupation  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 203498.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11.16031141**  
 Amount of Each Receipt this Period  
 53407.50  
 TRANSFER

Full Name (Last, First, Middle Initial)  
**B. GARRET GRAVES FOR CONGRESS**  
 Mailing Address PO BOX 64845  
 City State Zip Code  
 BATON ROUGE LA 70896-4845  
 FEC ID number of contributing federal political committee. **C** C00558486  
 Name of Employer Occupation  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 52500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16038112**  
 Amount of Each Receipt this Period  
 27000.00  
 TRANSFER

Full Name (Last, First, Middle Initial)  
**C. GEORGE HOLDING FOR CONGRESS**  
 Mailing Address P.O. BOX 97187  
 City State Zip Code  
 RALEIGH NC 27624-7187  
 FEC ID number of contributing federal political committee. **C** C00499236  
 Name of Employer Occupation  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 88000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11.16032778**  
 Amount of Each Receipt this Period  
 20000.00  
 TRANSFER

**SUBTOTAL** of Receipts This Page (optional)..... ► 100407.50  
**TOTAL** This Period (last page this line number only)..... ►

**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)	PAGE 638 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 (Last, First, Middle Initial)  
**A. GEORGE HOLDING FOR CONGRESS**

Mailing Address P.O. BOX 97187

City State Zip Code  
RALEIGH NC 27624-7187

FEC ID number of contributing federal political committee. **C** C00499236

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
88000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : SA11.16043202**

Amount of Each Receipt this Period  
6000.00

TRANSFER

Full Name (Last, First, Middle Initial)  
**B. GLENN GROTHMAN FOR CONGRESS**

Mailing Address PO BOX 1215

City State Zip Code  
PICKETT WI 54964-

FEC ID number of contributing federal political committee. **C** C00561597

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2015  
**Transaction ID : SA11.16033841**

Amount of Each Receipt this Period  
5000.00

TRANSFER

Full Name (Last, First, Middle Initial)  
**C. GUTHRIE FOR CONGRESS**

Mailing Address P.O. BOX 9639

City State Zip Code  
BOWLING GREEN KY 42102-9639

FEC ID number of contributing federal political committee. **C** C00445023

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
192000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2015  
**Transaction ID : SA11.16034587**

Amount of Each Receipt this Period  
12000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 23000.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 639 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 (Last, First, Middle Initial) <b>A. HAL ROGERS FOR CONGRESS</b>		Date of Receipt
Mailing Address P.O. BOX 1214		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City	State	Zip Code
SOMERSET	KY	42502-1214
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11.16038068</b>
<input type="text" value="C"/> <input type="text" value="C00116632"/>		Amount of Each Receipt this Period
		<input type="text" value="240000.00"/>
Name of Employer	Occupation	TRANSFER
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="397000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. HUIZENGA FOR CONGRESS</b>		Date of Receipt
Mailing Address 441 WILLAIMS COURT		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
ZEELAND	MI	49464-1509
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11.16043201</b>
<input type="text" value="C"/> <input type="text" value="C00459297"/>		Amount of Each Receipt this Period
		<input type="text" value="50000.00"/>
Name of Employer	Occupation	TRANSFER
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="82400.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JASON SMITH FOR CONGRESS</b>		Date of Receipt
Mailing Address 1080 S SILVER SPRINGS RD		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
CAPE GIRARDEAU	MO	63703-7511
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11.16032779</b>
<input type="text" value="C"/> <input type="text" value="C00541862"/>		Amount of Each Receipt this Period
		<input type="text" value="10000.00"/>
Name of Employer	Occupation	TRANSFER
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="10000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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)	PAGE 640 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

**A. JENKINS FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 727

City HUNTINGTON State WV Zip Code 25711-0727

FEC ID number of contributing federal political committee. **C** C00548271

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  
10 / 27 / 2015  
**Transaction ID : SA11.16038114**

Amount of Each Receipt this Period  
10000.00

TRANSFER

**B. JODY HICE FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 586

City MONROE State GA Zip Code 30655-0586

FEC ID number of contributing federal political committee. **C** C00544445

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
29000.00

Date of Receipt  
10 / 19 / 2015  
**Transaction ID : SA11.16033837**

Amount of Each Receipt this Period  
6000.00

TRANSFER

**C. JOHN CARTER FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1717 N. INTERSTATE 35 SUITE 304

City ROUND ROCK State TX Zip Code 78664-2901

FEC ID number of contributing federal political committee. **C** C00371203

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
110000.00

Date of Receipt  
10 / 28 / 2015  
**Transaction ID : SA11.16038103**

Amount of Each Receipt this Period  
17000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 33000.00

**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 641 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 (Last, First, Middle Initial)  
**A. JOHN CARTER FOR CONGRESS**

Mailing Address 1717 N. INTERSTATE 35  
SUITE 304

City ROUND ROCK State TX Zip Code 78664-2901

FEC ID number of contributing federal political committee. **C** C00371203

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
110000.00

Date of Receipt  
10 / 28 / 2015  
**Transaction ID : SA11.16038104**

Amount of Each Receipt this Period  
49100.00

TRANSFER

Full Name (Last, First, Middle Initial)  
**B. JOHN CARTER FOR CONGRESS**

Mailing Address 1717 N. INTERSTATE 35  
SUITE 304

City ROUND ROCK State TX Zip Code 78664-2901

FEC ID number of contributing federal political committee. **C** C00371203

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
110000.00

Date of Receipt  
10 / 28 / 2015  
**Transaction ID : SA11.16038105**

Amount of Each Receipt this Period  
33900.00

TRANSFER

Full Name (Last, First, Middle Initial)  
**C. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address P.O. BOX 12667

City BAKERSFIELD State CA Zip Code 93389-2667

FEC ID number of contributing federal political committee. **C** C00420935

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
910000.00

Date of Receipt  
10 / 30 / 2015  
**Transaction ID : SA11.16045889**

Amount of Each Receipt this Period  
500000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 583000.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 642 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

**A. LAMBORN FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 64107  
 City COLORADO SPRINGS State CO Zip Code 80962-4107  
 FEC ID number of contributing federal political committee. **C** C00420745  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 16166.00

Date of Receipt  
 10 / 23 / 2015  
**Transaction ID : SA11.16038078**  
 Amount of Each Receipt this Period  
 16166.00  
 TRANSFER

**B. LATTA FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 N. MAIN STREET  
 City BOWLING GREEN State OH Zip Code 43402-2423  
 FEC ID number of contributing federal political committee. **C** C00438697  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 118225.00

Date of Receipt  
 10 / 07 / 2015  
**Transaction ID : SA11.16031136**  
 Amount of Each Receipt this Period  
 28225.00  
 TRANSFER

**C. LATTA FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 N. MAIN STREET  
 City BOWLING GREEN State OH Zip Code 43402-2423  
 FEC ID number of contributing federal political committee. **C** C00438697  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 118225.00

Date of Receipt  
 10 / 07 / 2015  
**Transaction ID : SA11.16031137**  
 Amount of Each Receipt this Period  
 90000.00  
 TRANSFER

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134391.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 643 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 (Last, First, Middle Initial)  
**A. LUCAS FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 1726

City OKLAHOMA CITY State OK Zip Code 73101-1726

FEC ID number of contributing federal political committee. **C C00287912**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255000.00

Date of Receipt  
10 / 05 / 2015  
**Transaction ID : SA11.16031140**

Amount of Each Receipt this Period  
10000.00

TRANSFER

Full Name (Last, First, Middle Initial)  
**B. MARTHA ROBY FOR CONGRESS**

Mailing Address PO BOX 195

City MONTGOMERY State AL Zip Code 36101-0195

FEC ID number of contributing federal political committee. **C C00462143**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
35000.00

Date of Receipt  
10 / 19 / 2015  
**Transaction ID : SA11.16033838**

Amount of Each Receipt this Period  
5000.00

TRANSFER

Full Name (Last, First, Middle Initial)  
**C. MICHAEL BURGESS FOR CONGRESS**

Mailing Address P.O. BOX 2334

City DENTON State TX Zip Code 76202-2334

FEC ID number of contributing federal political committee. **C C00372532**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
112800.00

Date of Receipt  
10 / 28 / 2015  
**Transaction ID : SA11.16038101**

Amount of Each Receipt this Period  
25000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40000.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 644 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 (Last, First, Middle Initial)  
**A. MORGAN GRIFFITH FOR CONGRESS**

Mailing Address **PO BOX 71596**

City <b>RICHMOND</b>	State <b>VA</b>	Zip Code <b>23255-1596</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00477240**

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**203600.00**

Date of Receipt  
**10 / 05 / 2015**

**Transaction ID : SA11.16031143**

Amount of Each Receipt this Period  
**10000.00**

**TRANSFER**

Full Name (Last, First, Middle Initial)  
**B. PETE KING FOR CONGRESS COMMITTEE**

Mailing Address **POST OFFICE BOX 1428**

City <b>SEAFORD</b>	State <b>NY</b>	Zip Code <b>11783-0257</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00272211**

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**115000.00**

Date of Receipt  
**10 / 30 / 2015**

**Transaction ID : SA11.16041558**

Amount of Each Receipt this Period  
**15000.00**

**TRANSFER**

Full Name (Last, First, Middle Initial)  
**C. POMPEO FOR CONGRESS, INC.**

Mailing Address **P.O. BOX 780146**

City <b>WICHITA</b>	State <b>KS</b>	Zip Code <b>67278-0146</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00460402**

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**239500.00**

Date of Receipt  
**10 / 21 / 2015**

**Transaction ID : SA11.16041567**

Amount of Each Receipt this Period  
**74500.00**

**TRANSFER**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>99500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 645 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 (Last, First, Middle Initial)  
**A. PRICE FOR CONGRESS**

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077-0425

FEC ID number of contributing federal political committee. **C C00386755**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375000.00**

Date of Receipt **10 / 27 / 2015**  
**Transaction ID : SA11.16038108**

Amount of Each Receipt this Period **75150.00**

TRANSFER

Full Name (Last, First, Middle Initial)  
**B. PRICE FOR CONGRESS**

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077-0425

FEC ID number of contributing federal political committee. **C C00386755**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375000.00**

Date of Receipt **10 / 27 / 2015**  
**Transaction ID : SA11.16038109**

Amount of Each Receipt this Period **124850.00**

TRANSFER

Full Name (Last, First, Middle Initial)  
**C. RICK W. ALLEN FOR CONGRESS**

Mailing Address PO BOX 338

City AUGUSTA State GA Zip Code 30903-0338

FEC ID number of contributing federal political committee. **C C00504019**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **41750.00**

Date of Receipt **10 / 05 / 2015**  
**Transaction ID : SA11.16031144**

Amount of Each Receipt this Period **38000.00**

TRANSFER

**SUBTOTAL** of Receipts This Page (optional)..... **238000.00**

**TOTAL** This Period (last page this line number only).....

**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)	PAGE 646 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

**A. ROGERS FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1113

City ANNISTON	State AL	Zip Code 36202-1113
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00367862

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
166500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

**Transaction ID : SA11.16031151**

Amount of Each Receipt this Period  

65000.00
----------

**TRANSFER**

**B. RYAN FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 1488

City JANESVILLE	State WI	Zip Code 53547-1488
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00330894

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
544000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : SA11.16043189**

Amount of Each Receipt this Period  

500000.00
-----------

**TRANSFER**

**C. SCALISE FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2900 CLEARVIEW PARKWAY  
STE. 206

City METAIRIE	State LA	Zip Code 70006-6532
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00394957

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : SA11.16043200**

Amount of Each Receipt this Period  

24000.00
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**TRANSFER**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	589000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 647 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

**A. THORNBERRY FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 9392

City AMARILLO	State TX	Zip Code 79105-9392
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00286187

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
485000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

**Transaction ID : SA11.16038077**

Amount of Each Receipt this Period  

175000.00
-----------

**TRANSFER**

**B. TIBERI FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2931 E. DUBLIN GRANVILLE ROAD  
SUITE 190

City COLUMBUS	State OH	Zip Code 43231-2098
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00347492

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
24000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

**Transaction ID : SA11.16038100**

Amount of Each Receipt this Period  

24000.00
----------

**TRANSFER**

**C. TREY GOWDY FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2212 EDGEFIELD ROAD

City SPARTANBURG	State SC	Zip Code 29302-3423
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00462523

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
190834.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

**Transaction ID : SA11.16038339**

Amount of Each Receipt this Period  

60834.00
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**TRANSFER**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	259834.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 648 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

**A. TROTT FOR CONGRESS, INC.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2844 LIVERNOIS  
 P.O. BOX 217  
 City TROY State MI Zip Code 48099-7700  
 FEC ID number of contributing federal political committee. **C** C00548941  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 19500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11.16038111**  
 Amount of Each Receipt this Period  
 10000.00  
 TRANSFER

**B. VOTE TIPTON.COM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 9949  
 City DENVER State CO Zip Code 80209-0949  
 FEC ID number of contributing federal political committee. **C** C00470757  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 30000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : SA11.16041554**  
 Amount of Each Receipt this Period  
 30000.00  
 TRANSFER

**C. WALORSKI FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 954  
 City MISHAWAKA State IN Zip Code 46546-0954  
 FEC ID number of contributing federal political committee. **C** C00468579  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 48000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11.16034588**  
 Amount of Each Receipt this Period  
 5000.00  
 TRANSFER

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 649 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

**A. WALTERS FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30151 TOMAS  
City RANCHO SANTA MARGARITA State CA Zip Code 92688-2125  
FEC ID number of contributing federal political committee. **C** C00546853  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 29 / 2015  
**Transaction ID : SA11.16041556**  
Amount of Each Receipt this Period  
7000.00  
TRANSFER

**B. ADVANCED MEDICAL TECHNOLOGY ASSOCIATION PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 701 PENNSYLVANIA AVENUE, NW SUITE 800  
City WASHINGTON State DC Zip Code 20004-2654  
FEC ID number of contributing federal political committee. **C** C00340356  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 13 / 2015  
**Transaction ID : SA11.16032776**  
Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C. BABCOCK & WILCOX ENTERPRISES, INC. POLITICAL ACTIO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13024 BALLANTYNE CORPORATE PL  
City CHARLOTTE State NC Zip Code 28277-2113  
FEC ID number of contributing federal political committee. **C** C00577072  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : SA11.16041566**  
Amount of Each Receipt this Period  
5000.00  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	13000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 650 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 (Last, First, Middle Initial)  
**A. COMMUNITY HEALTH SYSTEMS CHS PAC**

Mailing Address 4000 MERIDIAN BOULEVARD

City FRANKLIN State TN Zip Code 37067-6325

FEC ID number of contributing federal political committee. **C C00485896**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
10 / 28 / 2015  
**Transaction ID : SA11.16038098**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. EXCELSIOR PAC**

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605-1332

FEC ID number of contributing federal political committee. **C C00541078**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
10 / 30 / 2015  
**Transaction ID : SA11.16041561**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. FIRSTENERGY PAC**

Mailing Address 76 S MAIN STREET ATTN: TONY ALEXANDER

City AKRON State OH Zip Code 44308-1812

FEC ID number of contributing federal political committee. **C C00140855**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
10 / 22 / 2015  
**Transaction ID : SA11.16038071**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11000.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 651 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 (Last, First, Middle Initial)  
**A. HEALTH CARE SERVICE CORPORATION EMPLOYEES' PAC**

Mailing Address 300 E. RANDOLPH ST.

City State Zip Code  
CHICAGO IL 60601-5014

FEC ID number of contributing federal political committee. **C** C00199711

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
10 / 22 / 2015  
**Transaction ID : SA11.16038072**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. HOBBS STRAUS TRIBAL SOVEREIGNTY DEFENSE PAC**

Mailing Address 2120 L. ST NW SUITE 700

City State Zip Code  
WASHINGTON DC 20037-1543

FEC ID number of contributing federal political committee. **C** C00551697

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
10 / 28 / 2015  
**Transaction ID : SA11.16038099**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. INTERNATIONAL BOTTLED WATER ASSOCIATION PAC**

Mailing Address 1700 DIAGONAL ROAD  
SUITE 650

City State Zip Code  
ALEXANDRIA VA 22314-2864

FEC ID number of contributing federal political committee. **C** C00457226

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
10 / 27 / 2015  
**Transaction ID : SA11.16038115**

Amount of Each Receipt this Period  
3000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	19000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 652 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 (Last, First, Middle Initial)  
**A. MAKING AMERICA PROSPEROUS PAC**

Mailing Address **PO BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152-0485**

FEC ID number of contributing federal political committee. **C C00445379**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**27000.00**

Date of Receipt  
**10 / 30 / 2015**

**Transaction ID : SA11.16043190**

Amount of Each Receipt this Period  
**12000.00**

CONTRIBUTION

REDESIGNATION REQUESTED

Full Name (Last, First, Middle Initial)  
**B. MAKING INVESTMENTS MAJORITY INSURED PAC**

Mailing Address **300 SPECTRUM CENTER DRIVE #400**

City **IRVINE** State **CA** Zip Code **92618-4989**

FEC ID number of contributing federal political committee. **C C00564658**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**10 / 29 / 2015**

**Transaction ID : SA11.16041555**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>17000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>3115485.50</b>

**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)	PAGE 653 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. DENHAM VICTORY FUND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2150 RIVER PLAZA DRIVE, #150

City SACRAMENTO	State CA	Zip Code 95833-4131
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00496018

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 71397.26

Date of Receipt  
10 / 27 / 2015  
**Transaction ID : SA12.16045875**

Amount of Each Receipt this Period  
33087.67

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B. MR. RILEY P. BECHTEL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 BEALE STREET

City SAN FRANCISCO	State CA	Zip Code 94105-1813
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BUSINESS EXECUTIVE	Occupation BECHTEL GROUP, INC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 33400.00

Date of Receipt  
10 / 01 / 2015  
**Transaction ID : SA12.16045876**

Amount of Each Receipt this Period  
33400.00

JFC ATTRIB: DENHAM VICTORY FUND

**[MEMO ITEM]**

**C. GOODLATTE VICTORY COMMITTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 228 S. WASHINGTON STREET #115

City ALEXANDRIA	State VA	Zip Code 22314-5404
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00551648

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 13704.27

Date of Receipt  
10 / 30 / 2015  
**Transaction ID : SA12.16045249**

Amount of Each Receipt this Period  
13704.27

TRANSFER OF JOINT FUNDRAISING PROCEEDS

<b>SUBTOTAL</b> of Receipts This Page (optional).....	46791.94
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 654 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MR. JEFF T. BLAU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 COLUMBUS CIRCLE  
 18TH FLOOR  
 City NEW YORK State NY Zip Code 10023-5802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RELATED COMPANIES Occupation REAL ESTATE DEVELOPER  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA12.16045879**  
 Amount of Each Receipt this Period 2500.00  
 JFC ATTRIB: GOODLATTE VICTORY COMMITTEE  
**[MEMO ITEM]**

**B. MR. STEPHEN M. ROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 COLUMBUS CIRCLE  
 PENTHOUSE 80  
 City NEW YORK State NY Zip Code 10019-1107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RELATED COMPANIES Occupation REAL ESTATE DEVELOPER  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA12.16045878**  
 Amount of Each Receipt this Period 5000.00  
 JFC ATTRIB: GOODLATTE VICTORY COMMITTEE  
**[MEMO ITEM]**

**C. CISCO SYSTEMS, INC. E-PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 PENNSYLVANIA AVENUE, NW  
 NORTH BUILDING, SUITE 250  
 City WASHINGTON State DC Zip Code 20004-3002  
 FEC ID number of contributing federal political committee. **C C00362707**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 15000.00

Date of Receipt 09 / 24 / 2015  
**Transaction ID : SA12.16045877**  
 Amount of Each Receipt this Period 15000.00  
 JFC ATTRIB: GOODLATTE VICTORY COMMITTEE  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 655 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 (Last, First, Middle Initial) <b>A. MCCARTHY VICTORY FUND 2014</b>		Date of Receipt
Mailing Address PO BOX 30844		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
BETHESDA	MD	20824-0844
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA12.16045252</b>
<input type="text" value="C"/> <input type="text" value="C00541011"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="531701.87"/>
Occupation		<b>TRANSFER OF JOINT FUNDRAISING PROCEEDS</b>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1662257.42"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR. ARMEN AVANESSIANS</b>		Date of Receipt
Mailing Address 1120 5TH AVENUE		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
NEW YORK	NY	10128-0144
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA12.16045944</b>
<input type="text" value="C"/> <input type="text" value=""/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="33400.00"/>
Occupation		<b>JFC ATTRIB: MCCARTHY VICTORY FUND</b>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="33400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR. AVERY BARTH</b>		Date of Receipt
Mailing Address 2200 CHAUCER ROAD		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
SAN MARINO	CA	91108-1314
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA12.16045893</b>
<input type="text" value="C"/> <input type="text" value=""/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="15000.00"/>
Occupation		<b>JFC ATTRIB: MCCARTHY VICTORY FUND</b>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="15000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="531701.87"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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)	PAGE 656 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. HON. BOB BEAUPREZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2770 ARAPAHOE ROAD  
 SUITE 132  
 City LAFAYETTE State CO Zip Code 80026-8018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EAGLES WING RANCH Occupation RANCHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2015  
**Transaction ID : SA12.16045907**  
 Amount of Each Receipt this Period 1000.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**B. MS. JENNIFER BENNETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4935 S FILLMORE COURT  
 City ENGLEWOOD State CO Zip Code 80113-7146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 15 / 2015  
**Transaction ID : SA12.16045908**  
 Amount of Each Receipt this Period 10000.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**C. MR. PETER G. BETKA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10204 CLOVERCREST DR.  
 City COLORADO SPRINGS State CO Zip Code 80920-5506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RMC DISTRIBUTING Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA12.16045909**  
 Amount of Each Receipt this Period 500.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 657 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 (Last, First, Middle Initial)  
**A. MR. ROBERT BLAINE**

Mailing Address 11037 LOCKPORT PLACE

City State Zip Code  
SANTA FE SPRINGS CA 90670-4634

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BLAINE LABS, INC. OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2015

Transaction ID : SA12.16045901

Amount of Each Receipt this Period  
2500.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT BOSWELL**

Mailing Address 789 N SHERMAN STREET

City State Zip Code  
DENVER CO 80203-3529

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LARAMIE ENERGY II, LLC CHAIRMAN & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2015

Transaction ID : SA12.16045910

Amount of Each Receipt this Period  
500.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. MS. SUE CANNON**

Mailing Address 6420 WEST LAKERIDGE ROAD

City State Zip Code  
LAKEWOOD CO 80227-3909

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2015

Transaction ID : SA12.16045911

Amount of Each Receipt this Period  
1000.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 658 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MR. TERRY CONSIDINE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4700 SOUTH EL CAMINO DRIVE

City ENGLEWOOD	State CO	Zip Code 80111-1152
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AIMCO	Occupation CHIEF EXECUTIVE OFFICER
---------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

**Transaction ID : SA12.16045902**

Amount of Each Receipt this Period  

25000.00
----------

**JFC ATTRIB: MCCARTHY VICTORY FUND**

**[MEMO ITEM]**

**B. MR. FRANK DIRICO**  
Full Name (Last, First, Middle Initial)

Mailing Address 21727 COUNTY ROAD 12

City WELDONA	State CO	Zip Code 80653-7604
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer VIAERO WIRELESS	Occupation PRESIDENT
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

**Transaction ID : SA12.16045912**

Amount of Each Receipt this Period  

10000.00
----------

**JFC ATTRIB: MCCARTHY VICTORY FUND**

**[MEMO ITEM]**

**C. MS. ANN DONAHUE**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 276A

City WAYNE	State PA	Zip Code 19087-0276
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

**Transaction ID : SA12.16045947**

Amount of Each Receipt this Period  

25000.00
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**JFC ATTRIB: MCCARTHY VICTORY FUND**

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 659 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MR. J. CHRISTOPHER DONAHUE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 276A  
 City WAYNE State PA Zip Code 19087-0276  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FEDERATED INVESTORS Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA12.16045951**  
 Amount of Each Receipt this Period 25000.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**B. MR. JOHN FOX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2116 EAST 4TH AVENUE  
 City DENVER State CO Zip Code 80206-4106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 28 / 2015  
**Transaction ID : SA12.16045913**  
 Amount of Each Receipt this Period 2000.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**C. MS. HEIDI GANAHL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1706 ELDORADO CIRCLE  
 City SUPERIOR State CO Zip Code 80027-8282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CBW Occupation CHIEF EXECUTIVE OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA12.16045914**  
 Amount of Each Receipt this Period 1000.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 660 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MR. JOSEPH H. GIBSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5040 GLENBROOK TERRACE NW  
City WASHINGTON State DC Zip Code 20016-2602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GIBSON GROUP LLC Occupation ATTORNEY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 6500.00

Date of Receipt 10 / 15 / 2015  
Transaction ID : SA12.16045939  
Amount of Each Receipt this Period 500.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**B. MS. DENISE GMERK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1102 WALTONVILLE ROAD  
City HUMMELSTOWN State PA Zip Code 17036-8952  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2015  
Transaction ID : SA12.16045950  
Amount of Each Receipt this Period 1000.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**C. MR. JOEL GREENBERG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 401 EAST CITY AVENUE  
City BALA CYNWYD State PA Zip Code 19004-1122  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SIG, LLP Occupation MANAGER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 07 / 2015  
Transaction ID : SA12.16045952  
Amount of Each Receipt this Period 5000.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 661 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MR. FREDERIC C. HAMILTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1560 BROADWAY  
 SUITE 2200  
 City DENVER State CO Zip Code 80202-5100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE HAMILTON COMPANIES Occupation OWNER, EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 09 / 28 / 2015  
**Transaction ID : SA12.16045915**  
 Amount of Each Receipt this Period 25000.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**B. MR. DAVID W. HANNA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2595 ALTAMAR DR  
 City LAGUNA BEACH State CA Zip Code 92651-1034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HANNA CAPITAL MANAGEMENT, INC. Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10400.00

Date of Receipt 09 / 25 / 2015  
**Transaction ID : SA12.16045895**  
 Amount of Each Receipt this Period 10400.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**C. MS. VIOLET HANNA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 POST  
 City IRVINE State CA Zip Code 92618-5216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10400.00

Date of Receipt 09 / 25 / 2015  
**Transaction ID : SA12.16045905**  
 Amount of Each Receipt this Period 10400.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 662 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MS. MARY HART**  
Full Name (Last, First, Middle Initial)

Mailing Address 9440 SANTA MONICA BOULEVARD

City BEVERLY HILLS State CA Zip Code 90210-4610

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT IN WORKFORCE Occupation NOT IN WORKFORCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
09 / 29 / 2015  
Transaction ID : SA12.16045899

Amount of Each Receipt this Period  
15000.00

JFC ATTRIB: MCCARTHY VICTORY FUND

[MEMO ITEM]

**B. MR. JOHN B. HESS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1185 AVENUE OF THE AMERICAS  
40TH FLOOR

City NEW YORK State NY Zip Code 10036-2603

FEC ID number of contributing federal political committee. **C**

Name of Employer HESS ENTERPRISES Occupation CHAIRMAN, CEO, AND DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
09 / 30 / 2015  
Transaction ID : SA12.16045945

Amount of Each Receipt this Period  
33400.00

JFC ATTRIB: MCCARTHY VICTORY FUND

[MEMO ITEM]

**C. MR. DANIEL J. HILFERTY**  
Full Name (Last, First, Middle Initial)

Mailing Address 220 CEDARBROOK ROAD

City ARDMORE State PA Zip Code 19003-1702

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERIHEALTH (AMFOC) Occupation PRESIDENT/ CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25300.00

Date of Receipt  
10 / 15 / 2015  
Transaction ID : SA12.16045949

Amount of Each Receipt this Period  
2700.00

JFC ATTRIB: MCCARTHY VICTORY FUND

[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 663 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MR. DAVID D. JENKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 SOUTH TEJON SUITE 222  
 City COLORADO SPRINGS State CO Zip Code 80903-2246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORWOOD DEVELOPMENTAL EXECUTIVE T Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 28 / 2015  
**Transaction ID : SA12.16045916**  
 Amount of Each Receipt this Period 10000.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**B. MR. MARK JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7009 S JORDAN ROAD  
 City CENTENNIAL State CO Zip Code 80112-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JOHNSON STORAGE & MOVING Occupation CHIEF EXECUTIVE OFFICER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : SA12.16045917**  
 Amount of Each Receipt this Period 1000.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**C. MR. WALTER KOELBEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5291 E YALE AVENUE  
 City DENVER State CO Zip Code 80222-6911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KOELBEL & COMPANY Occupation CHIEF EXECUTIVE OFFICER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 15 / 2015  
**Transaction ID : SA12.16045918**  
 Amount of Each Receipt this Period 5000.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 664 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MR. W. BRUCE KOPPER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 NORTH CASCADE AVENUE

City	State	Zip Code
COLORADO SPRINGS	CO	80903-1620

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

**Transaction ID : SA12.16045919**

Amount of Each Receipt this Period  
2500.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

**B. MR. THOMAS E. LARKIN SR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 736 VIA LIDO NORD

City	State	Zip Code
NEWPORT BEACH	CA	92663-5523

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
TCW GROUP	INVESTMENTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
48000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

**Transaction ID : SA12.16045903**

Amount of Each Receipt this Period  
33400.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**  
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**C. MR. JOHN LECHLEITER**  
Full Name (Last, First, Middle Initial)

Mailing Address ONE NORTH ILLINOIS STREET

City	State	Zip Code
INDIANAPOLIS	IN	46204-1945

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ELI LILLY	CHIEF EXECUTIVE OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : SA12.16045942**

Amount of Each Receipt this Period  
10000.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 665 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MR. JAMES G. LEPRINO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1830 W. 38TH AVENUE  
City DENVER State CO Zip Code 80211-2225  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LEPRINO FOODS INC. Occupation SELF-EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2015  
Transaction ID : SA12.16045920  
Amount of Each Receipt this Period 1000.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**B. MR. MIKE LEPRINO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1630 WEST 38TH AVENUE  
City DENVER State CO Zip Code 80211-2620  
FEC ID number of contributing federal political committee. **C**  
Name of Employer COVENANT MORTGAGE Occupation PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 07 / 2015  
Transaction ID : SA12.16045921  
Amount of Each Receipt this Period 10000.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**C. MR. JOHN LILLICROP**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4947 SOUTH FILLMORE COURT  
City ENGLEWOOD State CO Zip Code 80113-7146  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 19 / 2015  
Transaction ID : SA12.16045924  
Amount of Each Receipt this Period 2000.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 666 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MR. GARY LOO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 FIFTH STREET  
City COLORADO SPRINGS State CO Zip Code 80906-3627  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HIGH VALLEY GROUP, LLC Occupation EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 29 / 2015  
Transaction ID : SA12.16045925  
Amount of Each Receipt this Period 10000.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**B. MR. GREGORY MAFFEI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4175 S HUMBOLDT STREET  
City CHERRY HILLS VILLAGE State CO Zip Code 80113-4818  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LIBERTY MUTUAL Occupation EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 28 / 2015  
Transaction ID : SA12.16045926  
Amount of Each Receipt this Period 5000.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**C. MR. JOHN C. MALONE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12300 LIBERTY BOULEVARD  
City ENGLEWOOD State CO Zip Code 80112-7009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LIBERTY MEDIA CORPORATION Occupation CHAIRMAN OF THE BOARD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 28 / 2015  
Transaction ID : SA12.16045927  
Amount of Each Receipt this Period 5000.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 667 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

**A. MR. ARTHUR R. MARTIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5721 SNOWMASS CREEK ROAD  
City SNOWMASS State CO Zip Code 81654-9125  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2015  
Transaction ID : SA12.16045928  
Amount of Each Receipt this Period 250.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**B. MR. J. LANDIS MARTIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 150 VINE STREET  
City DENVER State CO Zip Code 80206-4627  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PLATTE RIVER VENTURES, LLC Occupation MANAGING DIRECTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 09 / 29 / 2015  
Transaction ID : SA12.16045929  
Amount of Each Receipt this Period 25000.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**C. MR. CHARLES MCNEIL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4927 S FILLMORE COURT  
City ENGLEWOOD State CO Zip Code 80113-7146  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NEXGEN RESOURCES Occupation PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 21 / 2015  
Transaction ID : SA12.16045930  
Amount of Each Receipt this Period 10000.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 668 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MR. C. EDWARD MCVANEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 GREEN OAKS DRIVE  
 City State Zip Code  
 GREENWOOD VILLAGE CO 80121-1328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA12.16045931**  
 Amount of Each Receipt this Period  
 25000.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**B. MR. GEORGE MIHLSTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2208 WALNUT AVENUE  
 City State Zip Code  
 MANHATTAN BEACH CA 90266-2845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LATHAM & WATKINS ATTORNEY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : SA12.16045897**  
 Amount of Each Receipt this Period  
 10400.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**C. MR. LARRY MIZEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4350 S MONACO STREET  
 City State Zip Code  
 DENVER CO 80237-3400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MDC HOLDINGS CHAIRMAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2015  
**Transaction ID : SA12.16045932**  
 Amount of Each Receipt this Period  
 25000.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 669 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MR. CHARLES T. MUNGER JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1423 HAMILTON AVE  
City PALO ALTO State CA Zip Code 94301-3150  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : SA12.16045894**  
Amount of Each Receipt this Period 33400.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**B. MR. RALPH NAGEL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1225 SEVENTEENTH STREET  
City DENVER State CO Zip Code 80202-5534  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TOP ROCK Occupation PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 29 / 2015  
**Transaction ID : SA12.16045933**  
Amount of Each Receipt this Period 10000.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**C. MR. TOM OLDS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 56 GOLDEN EAGLE  
City IRVINE State CA Zip Code 92603-0309  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GENERATION HEALTHCARE Occupation CHIEF EXECUTIVE OFFICER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA12.16045904**  
Amount of Each Receipt this Period 15000.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 670 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MR. THEODORE OLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 466 RIVER BEND ROAD

City GREAT FALLS State VA Zip Code 22066-4016

FEC ID number of contributing federal political committee. **C**

Name of Employer GIBSON, DUNN, ET AL., LLP Occupation PARTNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA12.16045955**

Amount of Each Receipt this Period 5000.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

**B. MR. DOUGLAS OSE**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 255628

City SACRAMENTO State CA Zip Code 95865-5628

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : SA12.16045896**

Amount of Each Receipt this Period 15000.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

**C. MR. ROBERT D. PAVEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 BRATENAHL PL. #14

City BRATENAHL State OH Zip Code 44108-1183

FEC ID number of contributing federal political committee. **C**

Name of Employer MORGENTHALER Occupation VENTURE CAPITAL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 29600.00

Date of Receipt 10 / 27 / 2015  
**Transaction ID : SA12.16045946**

Amount of Each Receipt this Period 5000.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 671 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MR. HENRY PLASTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5407 ALBERMARLE STREET

City	State	Zip Code
BETHESDA	MD	20816-1824

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

**Transaction ID : SA12.16045943**

Amount of Each Receipt this Period  
500.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

**B. MS. JEANNE PRITZKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 11111 SANTA MONICA BOULEVARD

City	State	Zip Code
LOS ANGELES	CA	90025-3333

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : SA12.16045898**

Amount of Each Receipt this Period  
33400.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

**C. MR. NICK PRITZKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1261 ANGELO DRIVE

City	State	Zip Code
BEVERLY HILLS	CA	90210-2705

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NOT IN WORKFORCE	NOT IN WORKFORCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
21900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

**Transaction ID : SA12.16045900**

Amount of Each Receipt this Period  
21900.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 672 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MR. ANDREW PUZDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6303 CARPINTERIA AVENUE  
City CARPINTERIA State CA Zip Code 93013-2901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CKE RESTAURANTS Occupation CHIEF EXECUTIVE OFFICER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 29 / 2015  
Transaction ID : SA12.16045892  
Amount of Each Receipt this Period 10000.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**B. MR. PHIL RAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6521 OCASO DRIVE  
City CASTLE PINES State CO Zip Code 80108-8137  
FEC ID number of contributing federal political committee. **C**  
Name of Employer VENTURE VEST CAPITAL CORP Occupation BUSINESSMAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 09 / 2015  
Transaction ID : SA12.16045934  
Amount of Each Receipt this Period 1000.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**C. MR. RICHARD L. ROBINSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 39 POLO CLUB CIRCLE  
City DENVER State CO Zip Code 80209-3307  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DEAN FOODS Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 07 / 2015  
Transaction ID : SA12.16045935  
Amount of Each Receipt this Period 10000.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 673 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MRS. LINDA J. SAVILLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9616 BROOKMEADOW DRIVE  
City VIENNA State VA Zip Code 22182-4418  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2015  
**Transaction ID : SA12.16045953**  
Amount of Each Receipt this Period  
5000.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**B. MR. PAUL C. SAVILLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9616 BROOKMEADOW DRIVE  
City VIENNA State VA Zip Code 22182-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
NVR INC. C.E.O.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2015  
**Transaction ID : SA12.16045954**  
Amount of Each Receipt this Period  
5000.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**C. MR. DWIGHT C. SCHAR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1132 CHAIN BRIDGE RD  
City MCLEAN State VA Zip Code 22101-2213  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 33400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015  
**Transaction ID : SA12.16045940**  
Amount of Each Receipt this Period  
8400.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 674 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MR. JOHN J. SIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 SANDY LAKE RD.

City ENGLEWOOD	State CO	Zip Code 80113-4140
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AJS VENTURES LLC	Occupation OWNER
--------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
29600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : SA12.16045936**

Amount of Each Receipt this Period  
 25000.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

**B. MR. FRANK VANDERSLOOT**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 50305

City IDAHO FALLS	State ID	Zip Code 83405-0305
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MELALEUCA	Occupation CEO
-------------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : SA12.16045941**

Amount of Each Receipt this Period  
 33400.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

**C. MR. FRED A. VIERRA**  
Full Name (Last, First, Middle Initial)

Mailing Address 9041 RANCH RIVER CIR

City HIGHLANDS RANCH	State CO	Zip Code 80126-5079
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : SA12.16045937**

Amount of Each Receipt this Period  
 25000.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 675 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 (Last, First, Middle Initial)  
**A. MR. D. WANG**

Mailing Address 407 BARCLAY ROAD

City State Zip Code  
BRYN MAWR PA 19010-1217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2015

Transaction ID : SA12.16045948

Amount of Each Receipt this Period  
3000.00

JFC ATTRIB: MCCARTHY VICTORY FUND

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. HON.. MARILYN WARE**

Mailing Address 210 UNIVERSITY BLVD  
SUITE 410

City State Zip Code  
DENVER CO 80206-4618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AMERICAN WATER WORKS COMPANY RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
26100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2015

Transaction ID : SA12.16045938

Amount of Each Receipt this Period  
25000.00

JFC ATTRIB: MCCARTHY VICTORY FUND

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. LIBERTY MEDIA CORPORATION PAC**

Mailing Address 12300 LIBERTY BLVD.

City State Zip Code  
ENGLEWOOD CO 80112-7009

FEC ID number of contributing federal political committee. **C** C00442434

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2015

Transaction ID : SA12.16045922

Amount of Each Receipt this Period  
7500.00

JFC ATTRIB: MCCARTHY VICTORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 676 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 (Last, First, Middle Initial)  
**A. LIBERTY MEDIA CORPORATION PAC**

Mailing Address 12300 LIBERTY BLVD.

City State Zip Code  
ENGLEWOOD CO 80112-7009

FEC ID number of contributing federal political committee. **C** C00442434

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2015  
**Transaction ID : SA12.16045923**

Amount of Each Receipt this Period  
7500.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. SANTA YNEZ BAND OF MISSION INDIANS**

Mailing Address PO BOX 517

City State Zip Code  
SANTA YNEZ CA 93460-0517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015  
**Transaction ID : SA12.16045906**

Amount of Each Receipt this Period  
23400.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. SCALISE LEADERSHIP FUND**

Mailing Address PO BOX 9891

City State Zip Code  
ARLINGTON VA 22219-

FEC ID number of contributing federal political committee. **C** C00568162

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351418.91

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : SA12.16045251**

Amount of Each Receipt this Period  
22637.14

TRANSFER OF JOINT FUNDRAISING PROCEEDS

<b>SUBTOTAL</b> of Receipts This Page (optional).....	22637.14
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 677 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

**A. MR. BENJAMIN GERALD BORDELON**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 250  
City LOCKPORT State LA Zip Code 70374-0250  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BOLLINGER SHIPYARDS, INC. Occupation EVP/COO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 33400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 06 / 2015  
**Transaction ID : SA12.16045883**  
Amount of Each Receipt this Period  
33400.00  
JFC ATTRIB: SCALISE LEADERSHIP FUND  
**[MEMO ITEM]**

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	601130.95

**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)	PAGE 678 OF 824
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

**A. DAMIAN ARIAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA15-0.001970**

Amount of Each Receipt this Period  
 300.00

REIMBURSEMENT - EQUIP PURCHASE

VERIZON WIRELESS - \$4439.84; 9/4/15

**B. CREIGH BEHNKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA15-0.001969**

Amount of Each Receipt this Period  
 300.00

REIMBURSEMENT - EQUIP PURCHASE

VERIZON WIRELESS - \$4439.84; 9/4/15

**C. ASHLEIGH GRANT**  
Full Name (Last, First, Middle Initial)

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2015  
**Transaction ID : SA15-0.001967**

Amount of Each Receipt this Period  
 450.00

REIMBURSEMENT - EQUIP PURCHASE

PROVANTAGE INC - \$3462.85; 7/7/15

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	1050.00

**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)	PAGE 679 OF 824
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MCCARTHY VICTORY FUND 2014**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 30844  
City BETHESDA State MD Zip Code 20824-0844  
FEC ID number of contributing federal political committee. **C** C00541011  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320973.90

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA17.16045253**  
Amount of Each Receipt this Period 120890.59  
CONTRIBUTION - BUILDING FUND  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B. MR. JOHN B. HESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1185 AVENUE OF THE AMERICAS 40TH FLOOR  
City NEW YORK State NY Zip Code 10036-2603  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation HESS ENTERPRISES CHAIRMAN, CEO, AND DIRECTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 6200.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : SA17.16045888**  
Amount of Each Receipt this Period 6200.00  
CONTRIBUTION - BUILDING FUND  
**[MEMO ITEM]**  
JFC ATTRIB: MCCARTHY VICTORY FUND 2014

**C. MR. THOMAS E. LARKIN SR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 736 VIA LIDO NORD  
City NEWPORT BEACH State CA Zip Code 92663-5523  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation TCW GROUP INVESTMENTS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10400.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA17.16045885**  
Amount of Each Receipt this Period 10400.00  
CONTRIBUTION - BUILDING FUND  
**[MEMO ITEM]**  
JFC ATTRIB: MCCARTHY VICTORY FUND 2014

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120890.59
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 680 OF 824
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. CHARLES T. MUNGER JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1423 HAMILTON AVE

City PALO ALTO	State CA	Zip Code 94301-3150
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : SA17.16045884**

Amount of Each Receipt this Period  
100200.00

CONTRIBUTION - BUILDING FUND

**[MEMO ITEM]**  
JFC ATTRIB: MCCARTHY VICTORY FUND 2014

**B. MR. DWIGHT C. SCHAR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1132 CHAIN BRIDGE RD

City MCLEAN	State VA	Zip Code 22101-2213
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : SA17.16045887**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION - BUILDING FUND

**[MEMO ITEM]**  
JFC ATTRIB: MCCARTHY VICTORY FUND 2014

**C. SANTA YNEZ BAND OF MISSION INDIANS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 517

City SANTA YNEZ	State CA	Zip Code 93460-0517
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : SA17.16045886**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION - BUILDING FUND

**[MEMO ITEM]**  
JFC ATTRIB: MCCARTHY VICTORY FUND 2014

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 681 OF 824
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MCCARTHY VICTORY FUND 2014**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 30844

City	State	Zip Code
BETHESDA	MD	20824-0844

FEC ID number of contributing federal political committee. **C** C00541011

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100824.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : SA17.16045254**

Amount of Each Receipt this Period  
4778.77

CONTRIBUTION - RECOUNT FUND

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B. MR. CHARLES T. MUNGER JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1423 HAMILTON AVE

City	State	Zip Code
PALO ALTO	CA	94301-3150

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : SA17.16045967**

Amount of Each Receipt this Period  
6000.00

CONTRIBUTION - RECOUNT FUND

**[MEMO ITEM]**  
JFC ATTRIB: MCCARTHY VICTORY FUND 2014

**C. SCALISE LEADERSHIP FUND**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 9891

City	State	Zip Code
ARLINGTON	VA	22219-1891

FEC ID number of contributing federal political committee. **C** C00568162

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442579.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : SA17.16045250**

Amount of Each Receipt this Period  
38362.86

CONTRIBUTION - RECOUNT FUND

TRANSFER OF JOINT FUNDRAISING PROCEEDS

<b>SUBTOTAL</b> of Receipts This Page (optional).....	43141.63
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 682 OF 824
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. BENJAMIN GERALD BORDELON**

Mailing Address P.O. BOX 250

City State Zip Code  
LOCKPORT LA 70374-0250

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BOLLINGER SHIPYARDS, INC. EVP/COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
56200.00

Date of Receipt  
10 / 06 / 2015  
**Transaction ID : SA17.16045890**

Amount of Each Receipt this Period  
56200.00

CONTRIBUTION - RECOUNT FUND

**[MEMO ITEM]**  
JFC ATTRIB: SCALISE LEADERSHIP FUND

Full Name (Last, First, Middle Initial)  
**B. ASIAN AMERICAN HOTEL OWNER ASSOCIATION PAC**

Mailing Address 228 S. WASHINGTON STREET SUITE 115

City State Zip Code  
ALEXANDRIA VA 22314-5404

FEC ID number of contributing federal political committee. **C** C00336743

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
10 / 30 / 2015  
**Transaction ID : SA17.16043188**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION - BUILDING FUND

Full Name (Last, First, Middle Initial)  
**C. CREDIT UNION NATIONAL ASSOCIATION PAC**

Mailing Address 601 PENNSYLVANIA AVE NW  
SOUTH BUILDING, SUITE 600

City State Zip Code  
WASHINGTON DC 20004-2601

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
10 / 08 / 2015  
**Transaction ID : SA17.16030422**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION - BUILDING FUND

**[MEMO ITEM]**  
REDESIGNATION FROM FEDERAL FUND

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5000.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 683 OF 824
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. FREE MARKETS PAC, INC.**

Mailing Address **PO BOX 470848**

City **CHARLOTTE** State **NC** Zip Code **28247-0848**

FEC ID number of contributing federal political committee. **C C00527531**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**15000.00**

Date of Receipt  
**10 / 23 / 2015**

**Transaction ID : SA17.16038075**

Amount of Each Receipt this Period  
**5000.00**

**CONTRIBUTION - BUILDING FUND**

Full Name (Last, First, Middle Initial)  
**B. GENERAL DYNAMICS CORPORATION PAC**

Mailing Address **3190 FAIRVIEW PARK DRIVE**

City **FALLS CHURCH** State **VA** Zip Code **22042-4530**

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**15000.00**

Date of Receipt  
**10 / 13 / 2015**

**Transaction ID : SA17.16032774**

Amount of Each Receipt this Period  
**15000.00**

**CONTRIBUTION - BUILDING FUND**

Full Name (Last, First, Middle Initial)  
**C. INDEPENDENT COMMUNITY BANKERS OF AMERICA PAC**

Mailing Address **1615 L STREET NW  
SUITE 900**

City **WASHINGTON** State **DC** Zip Code **20036-5623**

FEC ID number of contributing federal political committee. **C C00032698**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**15000.00**

Date of Receipt  
**10 / 30 / 2015**

**Transaction ID : SA17.16041562**

Amount of Each Receipt this Period  
**15000.00**

**CONTRIBUTION - BUILDING FUND**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **35000.00**

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 684 OF 824
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. LONE STAR LEADERSHIP PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7315 WISCONSIN AVE STE 705  
 City State Zip Code  
 BETHESDA MD 20814-3202  
 FEC ID number of contributing federal political committee. **C** C00415208  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 35000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : SA17.16038094**  
 Amount of Each Receipt this Period  
 25000.00  
 CONTRIBUTION - BUILDING FUND

**B. MAKING AMERICA PROSPEROUS PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2485  
 City State Zip Code  
 SPRINGFIELD VA 22152-0485  
 FEC ID number of contributing federal political committee. **C** C00445379  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 30000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA17.16032775**  
 Amount of Each Receipt this Period  
 30000.00  
 CONTRIBUTION - BUILDING FUND

**C. NEW YORK LIFE INSURANCE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 15TH STREET, SUITE 600  
 City State Zip Code  
 WASHINGTON DC 20005-2324  
 FEC ID number of contributing federal political committee. **C** C00158881  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA17.16043187**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION - BUILDING FUND

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 685 OF 824
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. OB-GYN PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 409 12TH STREET SW  
City WASHINGTON State DC Zip Code 20024-2125  
FEC ID number of contributing federal political committee. **C** C00364158  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 28 / 2015  
**Transaction ID : SA17.16038093**  
Amount of Each Receipt this Period 5000.00  
CONTRIBUTION - BUILDING FUND

**B. PNC PAC - FEDERAL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 249 FIFTH AVENUE  
City PITTSBURGH State PA Zip Code 15222-2707  
FEC ID number of contributing federal political committee. **C** C00186064  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 30000.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA17.16031139**  
Amount of Each Receipt this Period 30000.00  
CONTRIBUTION - BUILDING FUND

**C. THE DOW CHEMICAL COMPANY EMPLOYEES PAC (DOWPAC)**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1776 I STREET, NW SUITE 1050  
City WASHINGTON State DC Zip Code 20006-3720  
FEC ID number of contributing federal political committee. **C** C00074096  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA17.16041563**  
Amount of Each Receipt this Period 10000.00  
CONTRIBUTION - BUILDING FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	309032.22

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. DANIEL ABERNATHY**

Mailing Address 809 S LAMAR BLVD., #445

City State Zip Code  
AUSTIN TX 78704

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : **SB21-0.045229**

Amount of Each Disbursement this Period

640.00

Full Name (Last, First, Middle Initial)

**B. DAMIAN ARIAS**

Mailing Address 320 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2015

Transaction ID : **SB21-0.045045**

Amount of Each Disbursement this Period

1188.53

Full Name (Last, First, Middle Initial)

**C. DAMIAN ARIAS**

Mailing Address 320 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : **SB21-0.045222**

Amount of Each Disbursement this Period

96.20

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1924.73

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DAMIAN ARIAS**

Date of Disbursement:  /  /

Mailing Address **320 1ST ST SE**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement **PAYROLL**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21-0.045260**

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)  
**B. FREDERIC BARNES**

Date of Disbursement:  /  /

Mailing Address **320 1ST ST SE**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement **PAYROLL**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21-0.045046**

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)  
**C. FREDERIC BARNES**

Date of Disbursement:  /  /

Mailing Address **320 1ST ST SE**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement **PAYROLL**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21-0.045261**

Amount of Each Disbursement this Period:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CREIGH BEHNKE**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045047**

Amount of Each Disbursement this Period

2899.00

Full Name (Last, First, Middle Initial)

**B. CREIGH BEHNKE**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045262**

Amount of Each Disbursement this Period

2899.00

Full Name (Last, First, Middle Initial)

**C. STEPHANIE BELK**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045048**

Amount of Each Disbursement this Period

707.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6505.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. STEPHANIE BELK**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045263**

Amount of Each Disbursement this Period

707.00

Full Name (Last, First, Middle Initial)

**B. ALEXANDER BOEDIGHEIMER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045049**

Amount of Each Disbursement this Period

1402.63

Full Name (Last, First, Middle Initial)

**C. ALEXANDER BOEDIGHEIMER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045264**

Amount of Each Disbursement this Period

1402.63

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3512.26

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

### A. RYAN BROWN

Mailing Address 1255 UNIVERSITY AVE., #204

City State Zip Code  
SACRAMENTO CA 95825

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2015

Transaction ID : **SB21-0.045024**

Amount of Each Disbursement this Period

385.68
--------

Full Name (Last, First, Middle Initial)

### B. CHRISTOPHER BROYLES

Mailing Address 320 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Transaction ID : **SB21-0.045050**

Amount of Each Disbursement this Period

1176.61
---------

Full Name (Last, First, Middle Initial)

### C. CHRISTOPHER BROYLES

Mailing Address 320 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2015

Transaction ID : **SB21-0.045265**

Amount of Each Disbursement this Period

1176.61
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2738.90
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. PORTER BYERS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045051**

Amount of Each Disbursement this Period

1562.47

Full Name (Last, First, Middle Initial)

**B. PORTER BYERS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045266**

Amount of Each Disbursement this Period

1562.47

Full Name (Last, First, Middle Initial)

**C. MICHAEL BYRD**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045052**

Amount of Each Disbursement this Period

1151.61

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4276.55

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL BYRD**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045267**

Amount of Each Disbursement this Period

1151.61

Full Name (Last, First, Middle Initial)

**B. KENNETH CALLAHAN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045053**

Amount of Each Disbursement this Period

1097.79

Full Name (Last, First, Middle Initial)

**C. KENNETH CALLAHAN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045268**

Amount of Each Disbursement this Period

1097.79

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3347.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ERIM V CANLIGIL**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045054**

Amount of Each Disbursement this Period

1870.33

Full Name (Last, First, Middle Initial)

**B. ERIM V CANLIGIL**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045269**

Amount of Each Disbursement this Period

1870.33

Full Name (Last, First, Middle Initial)

**C. AMANDA CERNIK**

Mailing Address 104 HUME AVENUE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : **SB21-0.045191**

Amount of Each Disbursement this Period

1042.52

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4783.18

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. HOMEWOOD SUITES</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 1025 ELM STREET		<b>Transaction ID : SB21-099.045193</b>
City DALLAS	State TX	
Zip Code 75202	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 435.68
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PREMIER TRANSPORTION</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 1341 W MOCKINGBIRD LN SUITE 201E		<b>Transaction ID : SB21-099.045192</b>
City DALLAS	State TX	
Zip Code 75247	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 231.23
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UBER</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 182 HOWARD ST STE #8		<b>Transaction ID : SB21-099.045194</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 20.00
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address 111 W. RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

**Transaction ID : SB21-099.045191**

Amount of Each Disbursement this Period

287.10

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. BRITTANY CHAPMAN**

Mailing Address 420 E JEFFERSON STREET

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

**Transaction ID : SB21-0.045192**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C. DANIEL CHIASSON**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

**Transaction ID : SB21-0.045055**

Amount of Each Disbursement this Period

1553.04

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1703.04

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. DANIEL CHIASSON</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045270</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1553.04
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KATE CONSTANINI</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045056</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1480.68
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. KATE CONSTANINI</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045271</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1480.68
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4514.40
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH COOMBS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.045057**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ELIZABETH COOMBS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.045272**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. MARY CORLEY**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.045059**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MARY CORLEY**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21-0.045273**

Amount of Each Disbursement this Period

1206.53

Full Name (Last, First, Middle Initial)

**B. JOHN R CRISCUOLO**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

**Transaction ID : SB21-0.045060**

Amount of Each Disbursement this Period

1024.17

Full Name (Last, First, Middle Initial)

**C. JOHN R CRISCUOLO**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21-0.045274**

Amount of Each Disbursement this Period

1024.17

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3254.87

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. LUCY CROXTON**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045062**

Amount of Each Disbursement this Period

3026.00

Full Name (Last, First, Middle Initial)

**B. LUCY CROXTON**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045275**

Amount of Each Disbursement this Period

3026.00

Full Name (Last, First, Middle Initial)

**C. MEGAN CUMMINGS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045064**

Amount of Each Disbursement this Period

3775.01

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9827.01

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MEGAN CUMMINGS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045276**

Amount of Each Disbursement this Period

3775.01

Full Name (Last, First, Middle Initial)

**B. TYLER DANIEL**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045066**

Amount of Each Disbursement this Period

1103.25

Full Name (Last, First, Middle Initial)

**C. TYLER DANIEL**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045277**

Amount of Each Disbursement this Period

1103.25

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5981.51

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. JAMES DAVIDHIZAR**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

**Transaction ID : SB21-0.045068**

Amount of Each Disbursement this Period

1287.30

Full Name (Last, First, Middle Initial)

**B. JAMES DAVIDHIZAR**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21-0.045278**

Amount of Each Disbursement this Period

1287.30

Full Name (Last, First, Middle Initial)

**C. JORDAN N DAVIS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

**Transaction ID : SB21-0.045069**

Amount of Each Disbursement this Period

3934.04

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6508.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. JORDAN N DAVIS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21-0.045279**

Amount of Each Disbursement this Period

3934.04

Full Name (Last, First, Middle Initial)

**B. LAUREN DEVOLL**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

**Transaction ID : SB21-0.045071**

Amount of Each Disbursement this Period

1395.07

Full Name (Last, First, Middle Initial)

**C. LAUREN DEVOLL**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21-0.045280**

Amount of Each Disbursement this Period

1395.07

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6724.18

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ALEXI DONOVAN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.045073**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ALEXI DONOVAN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.045281**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DAVID DRY**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.045075**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. DAVID DRY**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21-0.045282**

Amount of Each Disbursement this Period

1090.50

Full Name (Last, First, Middle Initial)

**B. MEGAN DUTRA**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

**Transaction ID : SB21-0.045077**

Amount of Each Disbursement this Period

1324.46

Full Name (Last, First, Middle Initial)

**C. MEGAN DUTRA**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21-0.045283**

Amount of Each Disbursement this Period

1324.46

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3739.42



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. PIERCE A.C. EDWARDS**

Mailing Address 11001 BENTON STREET

City WESTMINSTER State CO Zip Code 80020-3287

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

**Transaction ID : SB21-0.045028**

Amount of Each Disbursement this Period

150.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. GELAWDIOS EJIGU**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

**Transaction ID : SB21-0.045079**

Amount of Each Disbursement this Period

1569.33

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. GELAWDIOS EJIGU**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21-0.045284**

Amount of Each Disbursement this Period

1569.33

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3288.66

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL ESCOTO**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045081**

Amount of Each Disbursement this Period

2012.15

Full Name (Last, First, Middle Initial)

**B. MICHAEL ESCOTO**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045285**

Amount of Each Disbursement this Period

2012.15

Full Name (Last, First, Middle Initial)

**C. STEPHEN EVENSON**

Mailing Address 4463 SNAIL LAKE BLVD.

City SHOREVIEW State MN Zip Code 55126

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : **SB21-0.045194**

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4174.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. KENNETH FARNASO</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045083</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1281.09
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KENNETH FARNASO</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045286</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1281.09
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BRETT FIELD</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045085</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1337.69
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3899.87
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. BRETT FIELD**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045287**

Amount of Each Disbursement this Period

1337.69

Full Name (Last, First, Middle Initial)

**B. DANIEL FISHER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045087**

Amount of Each Disbursement this Period

1350.90

Full Name (Last, First, Middle Initial)

**C. DANIEL FISHER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045288**

Amount of Each Disbursement this Period

1489.35

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4177.94

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. KIRSTEN FOSTER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.045089**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. KIRSTEN FOSTER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.045290**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CAITLIN FRANKLIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.045182**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. CAITLIN FRANKLIN</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045378</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1417.05
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAMILLE GALLO</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045093</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1553.04
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAMILLE GALLO</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045292</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1553.04
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4523.13
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. SARAH GERARD**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045095**

Amount of Each Disbursement this Period

2190.30

Full Name (Last, First, Middle Initial)

**B. SARAH GERARD**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045293**

Amount of Each Disbursement this Period

2190.30

Full Name (Last, First, Middle Initial)

**C. BRIDGET GRIBBIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045097**

Amount of Each Disbursement this Period

736.44

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5117.04

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. BRIDGET GRIBBIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045294**

Amount of Each Disbursement this Period

736.44

Full Name (Last, First, Middle Initial)

**B. GEORGE G GRIFFIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045099**

Amount of Each Disbursement this Period

3278.75

Full Name (Last, First, Middle Initial)

**C. GEORGE G GRIFFIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045295**

Amount of Each Disbursement this Period

3326.68

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7341.87



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

### A. JOSIAH GROSS

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : SB21-0.045101

Amount of Each Disbursement this Period

1528.13

Full Name (Last, First, Middle Initial)

### B. JOSIAH GROSS

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : SB21-0.045296

Amount of Each Disbursement this Period

1528.13

Full Name (Last, First, Middle Initial)

### C. JORDAN GURNETT

Mailing Address 15626 POPPYSEED LANE

City SANTA CLARITA State CA Zip Code 91387

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : SB21-0.045029

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3206.26

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. JORDAN GURNETT**

Mailing Address 15626 POPPYSEED LANE

City State Zip Code  
SANTA CLARITA CA 91387

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2015

**Transaction ID : SB21-0.045232**

Amount of Each Disbursement this Period

150.00
--------

Full Name (Last, First, Middle Initial)

**B. LAUREN HAMEL**

Mailing Address 320 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

**Transaction ID : SB21-0.045103**

Amount of Each Disbursement this Period

1307.83
---------

Full Name (Last, First, Middle Initial)

**C. LAUREN HAMEL**

Mailing Address 320 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2015

**Transaction ID : SB21-0.045297**

Amount of Each Disbursement this Period

1307.83
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2765.66
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CATHERINE HANSEN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045105**

Amount of Each Disbursement this Period

656.68

Full Name (Last, First, Middle Initial)

**B. CATHERINE HANSEN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045298**

Amount of Each Disbursement this Period

656.68

Full Name (Last, First, Middle Initial)

**C. KARA HAUCK**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045106**

Amount of Each Disbursement this Period

775.94

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2089.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. KARA HAUCK**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : **SB21-0.045299**

Amount of Each Disbursement this Period

775.94
--------

Full Name (Last, First, Middle Initial)

**B. CALEB HAYS**

Mailing Address 1700 W. 34TH ST. N

City WICHITA State KS Zip Code 67204

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2015			

Transaction ID : **SB21-0.045011**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. CALEB HAYS**

Mailing Address 1700 W. 34TH ST. N

City WICHITA State KS Zip Code 67204

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : **SB21-0.045388**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1775.94
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ZACHARY HUNTER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045110**

Amount of Each Disbursement this Period

2602.91

Full Name (Last, First, Middle Initial)

**B. ZACHARY HUNTER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045300**

Amount of Each Disbursement this Period

2602.91

Full Name (Last, First, Middle Initial)

**C. LAUREN HUTCHINSON**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045108**

Amount of Each Disbursement this Period

1740.16

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6945.98

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. LAUREN HUTCHINSON**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21-0.045301**

Amount of Each Disbursement this Period

1740.16

Full Name (Last, First, Middle Initial)

**B. ROBERT JENTGENS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

**Transaction ID : SB21-0.045112**

Amount of Each Disbursement this Period

3657.61

Full Name (Last, First, Middle Initial)

**C. ROBERT JENTGENS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21-0.045303**

Amount of Each Disbursement this Period

3657.61

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9055.38

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. ANDREW JOHNSON</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045114</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 2093.04
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ANDREW JOHNSON</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045304</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 2093.04
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JESSICA F JOHNSON</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045091</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 5683.48
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9869.56
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. JESSICA F JOHNSON</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045291</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 5683.48
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TODD R JOHNSON</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045116</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 4100.14
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TODD R JOHNSON</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045305</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 4100.14
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	13883.76
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MERISSA JONES**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

**Transaction ID : SB21-0.045118**

Amount of Each Disbursement this Period

1359.42

Full Name (Last, First, Middle Initial)

**B. MERISSA JONES**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21-0.045306**

Amount of Each Disbursement this Period

1359.42

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER JOONDEPH**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

**Transaction ID : SB21-0.045120**

Amount of Each Disbursement this Period

1181.53

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3900.37

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER JOONDEPH</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045307</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1181.53
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STEPHANIE KITTREDGE</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045122</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1944.57
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STEPHANIE KITTREDGE</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045308</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1944.57
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	5070.67
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. LAURA KLEFFNER</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045124</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1741.72
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LAURA KLEFFNER</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045310</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1741.72
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JANICE L KNOPP</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 236 KENTUCKY AVE SE		<b>Transaction ID : SB21-0.045204</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FINANCE CONSULTING	Amount of Each Disbursement this Period 10000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	13483.44
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. JOSEPH KNOWLES</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045126</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1403.34
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JOSEPH KNOWLES</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045312</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1403.34
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DAVID KONARSKA</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2015
Mailing Address 12111 GRAMLICH ROAD		<b>Transaction ID : SB21-0.045234</b>
City MAYBEE	State MI	
Zip Code 48159	Purpose of Disbursement RESEARCH MATERIALS	Amount of Each Disbursement this Period 250.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3056.68

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL KROEGER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

**Transaction ID : SB21-0.045128**

Amount of Each Disbursement this Period

1839.17

Full Name (Last, First, Middle Initial)

**B. MICHAEL KROEGER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21-0.045314**

Amount of Each Disbursement this Period

1839.17

Full Name (Last, First, Middle Initial)

**C. JAKE LEAHY**

Mailing Address 1190 HALF DAY ROAD

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

**Transaction ID : SB21-0.045195**

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3778.34

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ROBERT LEWIS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045130**

Amount of Each Disbursement this Period

1021.39

Full Name (Last, First, Middle Initial)

**B. ROBERT LEWIS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045316**

Amount of Each Disbursement this Period

1021.39

Full Name (Last, First, Middle Initial)

**C. KRISTA MADAIO**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045132**

Amount of Each Disbursement this Period

1975.12

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4017.90

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. KRISTA MADAIO**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21-0.045318**

Amount of Each Disbursement this Period

2086.65

Full Name (Last, First, Middle Initial)

**B. SHANNON MADAIO**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

**Transaction ID : SB21-0.045134**

Amount of Each Disbursement this Period

1260.53

Full Name (Last, First, Middle Initial)

**C. SHANNON MADAIO**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21-0.045320**

Amount of Each Disbursement this Period

1260.53

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4607.71

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. ALEXANDER MADISON</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045136</b>
City WASHINGTON	State DC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1349.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. ALEXANDER MADISON</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045322</b>
City WASHINGTON	State DC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1264.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. COLTON MALKERSON</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045138</b>
City WASHINGTON	State DC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 632.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3246.45
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. COLTON MALKERSON**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045324**

Amount of Each Disbursement this Period

632.44

Full Name (Last, First, Middle Initial)

**B. NICK MARCELLI**

Mailing Address 100 I STREET, SE APT. 1210

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : **SB21-0.045031**

Amount of Each Disbursement this Period

1370.40

Full Name (Last, First, Middle Initial)

**C. CHRISTINE MARTIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045140**

Amount of Each Disbursement this Period

2862.13

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4864.97

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CHRISTINE MARTIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045326**

Amount of Each Disbursement this Period

2862.13

Full Name (Last, First, Middle Initial)

**B. KATHRYN MARTIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045142**

Amount of Each Disbursement this Period

3554.52

Full Name (Last, First, Middle Initial)

**C. KATHRYN MARTIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045328**

Amount of Each Disbursement this Period

3554.52

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9971.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. SEAN MCALLISTER</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045144</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1758.61
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SEAN MCALLISTER</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045330</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1758.61
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SEAN MCCAULEY</b>		Date of Disbursement MM / DD / YYYY 10 / 27 / 2015
Mailing Address 3928 9TH ROAD S		<b>Transaction ID : SB21-0.045248</b>
City ARLINGTON	State VA	
Zip Code 22204	Purpose of Disbursement MUSICAL ENTERTAINMENT	Amount of Each Disbursement this Period 5500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9017.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. OLIVIA MCDONALD</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045146</b>
City WASHINGTON	State DC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 918.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OLIVIA MCDONALD</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045331</b>
City WASHINGTON	State DC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 918.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JEFFREY MCGOWAN</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045148</b>
City WASHINGTON	State DC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2863.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4701.63
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. JEFFREY MCGOWAN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045332**

Amount of Each Disbursement this Period

2863.75

Full Name (Last, First, Middle Initial)

**B. KEVIN W MCGRANN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045150**

Amount of Each Disbursement this Period

1443.87

Full Name (Last, First, Middle Initial)

**C. KEVIN W MCGRANN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045334**

Amount of Each Disbursement this Period

1443.87

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5751.49

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. JACK MOULTON**

Mailing Address PO BOX 852

City LAKE PLACID State NY Zip Code 12946

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB21-0.045196

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. GEORGE NASSAR**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB21-0.045152

Amount of Each Disbursement this Period

2917.58

Full Name (Last, First, Middle Initial)

**C. GEORGE NASSAR**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB21-0.045336

Amount of Each Disbursement this Period

2917.58

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5985.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS NEWHOUSE</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045154</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 3608.38
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THOMAS NEWHOUSE</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045338</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 3608.38
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. KYLE NOYES</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045156</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 943.94
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8160.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

### A. KYLE NOYES

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : SB21-0.045340

Amount of Each Disbursement this Period

943.94

Category/  
Type

Full Name (Last, First, Middle Initial)

### B. MICHAEL OBERLIES

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : SB21-0.045158

Amount of Each Disbursement this Period

1403.34

Category/  
Type

Full Name (Last, First, Middle Initial)

### C. MICHAEL OBERLIES

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : SB21-0.045342

Amount of Each Disbursement this Period

1403.34

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3750.62



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. DEREK ODEN**

Mailing Address 3523 N. 150TH AVE.

City OMAHA State NE Zip Code 68116

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : SB21-0.045197

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER PACK**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : SB21-0.045160

Amount of Each Disbursement this Period

2490.85

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER PACK**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : SB21-0.045344

Amount of Each Disbursement this Period

2490.85

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5281.70

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ALEXANDRA PAPA**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045162**

Amount of Each Disbursement this Period

1898.36

Full Name (Last, First, Middle Initial)

**B. ALEXANDRA PAPA**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045346**

Amount of Each Disbursement this Period

1898.36

Full Name (Last, First, Middle Initial)

**C. THEODORE PETERSON**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045163**

Amount of Each Disbursement this Period

2389.35

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6186.07

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. THEODORE PETERSON**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.045348**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JOSEPH PILEGGI**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.045165**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JOSEPH PILEGGI**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.045350**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. DAVID PLANNING</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045169</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 738.23
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DAVID PLANNING</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045352</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 738.23
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. KATIE POSSEHL</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045170</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1151.61
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2628.07
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. KATIE POSSEHL**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB21-0.045354**

Amount of Each Disbursement this Period

1151.61

Full Name (Last, First, Middle Initial)

**B. ELIZABETH PRITCHARTT**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SB21-0.045171**

Amount of Each Disbursement this Period

1577.79

Full Name (Last, First, Middle Initial)

**C. ELIZABETH PRITCHARTT**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB21-0.045355**

Amount of Each Disbursement this Period

1697.26

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4426.66

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. JONATHAN REEDY**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

**Transaction ID : SB21-0.045167**

Amount of Each Disbursement this Period

3055.95

Full Name (Last, First, Middle Initial)

**B. JONATHAN REEDY**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21-0.045357**

Amount of Each Disbursement this Period

3055.95

Full Name (Last, First, Middle Initial)

**C. JOHN ROGERS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

**Transaction ID : SB21-0.045168**

Amount of Each Disbursement this Period

4854.69

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10966.59

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. JOHN ROGERS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045359**

Amount of Each Disbursement this Period

5295.30

Full Name (Last, First, Middle Initial)

**B. GRANT SAUNDERS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045172**

Amount of Each Disbursement this Period

632.56

Full Name (Last, First, Middle Initial)

**C. GRANT SAUNDERS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045361**

Amount of Each Disbursement this Period

632.56

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6560.42

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MEGAN SCHENEWERK**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : SB21-0.045173

Amount of Each Disbursement this Period

1634.03

Full Name (Last, First, Middle Initial)

**B. MEGAN SCHENEWERK**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : SB21-0.045363

Amount of Each Disbursement this Period

1634.03

Full Name (Last, First, Middle Initial)

**C. NATHAN SCHOTT**

Mailing Address 5620 SOUTH LISBON CT.

City CENTENNIAL State CO Zip Code 80015

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : SB21-0.045034

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3418.06



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. SCOT SEPLOWE**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045174**

Amount of Each Disbursement this Period

1995.91

Full Name (Last, First, Middle Initial)

**B. SCOT SEPLOWE**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045365**

Amount of Each Disbursement this Period

1995.91

Full Name (Last, First, Middle Initial)

**C. ROBERT SIMMS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045175**

Amount of Each Disbursement this Period

5615.83

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9607.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ROBERT SIMMS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

Transaction ID : **SB21-0.045367**

Amount of Each Disbursement this Period

5615.83

Full Name (Last, First, Middle Initial)

**B. WILLIAM SMITH**

Mailing Address 242 S. BECK AVE., APT 210

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : **SB21-0.045238**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C. NATALIE SOLYOMVANI**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 15 / 2015

Transaction ID : **SB21-0.045176**

Amount of Each Disbursement this Period

1706.66

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7472.49

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. NATALIE SOLYOMVANI</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045369</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1706.66
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ROBERT STEVENSON</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address 50 FOX CHASE LANE, APT 9		<b>Transaction ID : SB21-0.045035</b>
City SOUTHGATE	State KY	
Zip Code 41071	Purpose of Disbursement RESEARCH MATERIALS	Amount of Each Disbursement this Period 100.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CONRAD TAVAREZ</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address 320 1ST ST SE		<b>Transaction ID : SB21-0.045177</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1230.05
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3036.71
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CONRAD TAVAREZ**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045371**

Amount of Each Disbursement this Period

1230.05

Full Name (Last, First, Middle Initial)

**B. LEIGH TENEWITZ**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045178**

Amount of Each Disbursement this Period

1913.22

Full Name (Last, First, Middle Initial)

**C. LEIGH TENEWITZ**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045373**

Amount of Each Disbursement this Period

1913.22

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5056.49

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. WILLIAM J TORANZO**

Mailing Address 32 PARK AVE

City SHIRLEY State NY Zip Code 11967

Purpose of Disbursement RESEARCH MATERIALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 09 / 2015

Transaction ID : **SB21-0.045036**

Amount of Each Disbursement this Period: 400.00

Category/Type

Full Name (Last, First, Middle Initial)  
**B. TRAVIS UNGER**

Mailing Address 75 COPENHAFFER ROAD

City YORK State PA Zip Code 17404

Purpose of Disbursement RESEARCH MATERIALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 09 / 2015

Transaction ID : **SB21-0.045038**

Amount of Each Disbursement this Period: 100.00

Category/Type

Full Name (Last, First, Middle Initial)  
**C. HAMLIN WADE**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 15 / 2015

Transaction ID : **SB21-0.045179**

Amount of Each Disbursement this Period: 1896.18

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2396.18

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. HAMLIN WADE**

Date of Disbursement:  /  /

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21-0.045374**

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)  
**B. DAVID WATTS**

Date of Disbursement:  /  /

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21-0.045180**

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)  
**C. DAVID WATTS**

Date of Disbursement:  /  /

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21-0.045376**

Amount of Each Disbursement this Period:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. JOHN WEBER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 15 / 2015

Transaction ID : **SB21-0.045181**

Amount of Each Disbursement this Period

2056.19

Full Name (Last, First, Middle Initial)

**B. JOHN WEBER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

Transaction ID : **SB21-0.045377**

Amount of Each Disbursement this Period

2056.19

Full Name (Last, First, Middle Initial)

**C. MICAH YOUSEFI**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 15 / 2015

Transaction ID : **SB21-0.045183**

Amount of Each Disbursement this Period

2048.49

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6160.87

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MICAH YOUSEFI**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045380**

Amount of Each Disbursement this Period

2048.49

Full Name (Last, First, Middle Initial)

**B. ABM BUILDING SERVICES**

Mailing Address LOCKBOX 1852  
PO BOX 8500

City PHILADELPHIA State PA Zip Code 19178-1852

Purpose of Disbursement  
HQ ACCT- EQUIPMENT MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : **SB21-0.045187**

Amount of Each Disbursement this Period

3182.70

Full Name (Last, First, Middle Initial)

**C. ADVICTORY, LLC**

Mailing Address 190 MONROE AVENUE, STE. 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2015

Transaction ID : **SB21-0.045005**

Amount of Each Disbursement this Period

25000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

30231.19



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. AMERICA RISING LLC**

Mailing Address C/O ACCOUNTS RECEIVABLE  
1555 WILSON BLVD., STE 307

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2015

**Transaction ID : SB21-0.045006**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101-1270

Purpose of Disbursement  
HQ ACCT - CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

**Transaction ID : SB21-0.045043**

Amount of Each Disbursement this Period

22587.76

Full Name (Last, First, Middle Initial)

**C. 1000 BULBS DOT COM**

Mailing Address 2140 MERRITT DR

City GARLAND State TX Zip Code 75041

Purpose of Disbursement  
HQ ACCT - OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

**Transaction ID : SB21-0.047360**

Amount of Each Disbursement this Period

91.85

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

27587.76

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Date of Disbursement: MM / DD / YYYY  
10 / 05 / 2015

Mailing Address 1200 12TH AVE

City SEATTLE State WA Zip Code 98144

Purpose of Disbursement HQ ACCT - OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21-0.047362**

Amount of Each Disbursement this Period: 1085.72

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AT&T GEORGIA**

Date of Disbursement: MM / DD / YYYY  
10 / 05 / 2015

Mailing Address PO BOX 105068

City ATLANTA State GA Zip Code 30348-5068

Purpose of Disbursement HQ ACCT - PHONE SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21-0.047364**

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CDW**

Date of Disbursement: MM / DD / YYYY  
10 / 05 / 2015

Mailing Address 200 N MILWAUKEE AVE

City VERNON HILLS State IL Zip Code 60061

Purpose of Disbursement HQ ACCT - EQUIPMENT PURCHASE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21-0.047366**

Amount of Each Disbursement this Period: 763.67

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. COMCAST CABLE**

Mailing Address PO BOX 3005

City State Zip Code  
SOUTHEASTERN PA 19398-3005

Purpose of Disbursement  
HQ ACCT - UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

Transaction ID : **SB21-0.047368**

Amount of Each Disbursement this Period

147.85
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CONFERENCE AMERICA INC**

Mailing Address PO BOX 241188

City State Zip Code  
MONTGOMERY AL 36124-1188

Purpose of Disbursement  
HQ ACCT - PHONE SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

Transaction ID : **SB21-0.047370**

Amount of Each Disbursement this Period

411.83
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DUNKIN BRANDS**

Mailing Address 130 ROYALL ST

City State Zip Code  
CANTON MA 02021

Purpose of Disbursement  
HQ ACCT - OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

Transaction ID : **SB21-0.047372**

Amount of Each Disbursement this Period

157.97
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. EXPERTS EXCHANGE**

Mailing Address PO BOX 1062

City State Zip Code  
SAN LUIS OBISPO CA 93406

Purpose of Disbursement  
HQ ACCT - COMPUTER SUPPORT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

Transaction ID : SB21-0.047374

Amount of Each Disbursement this Period

19.95
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. PRICE MODERN**

Mailing Address 2604 SISSON STREET

City State Zip Code  
BALTIMORE MD 21211

Purpose of Disbursement  
HQ ACCT - FURNITURE PURCHASE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

Transaction ID : SB21-0.047376

Amount of Each Disbursement this Period

450.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. PROVANTAGE LLC**

Mailing Address 7249 WHIPPLE AVE NW

City State Zip Code  
N CANTON OH 44720

Purpose of Disbursement  
HQ ACCT - EQUIPMENT PURCHASE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

Transaction ID : SB21-0.047378

Amount of Each Disbursement this Period

14251.50
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. STAPLES CREDIT PLAN**

Mailing Address DEPT 11 - 0005396544  
PO BOX 183174

City COLUMBUS State OH Zip Code 43218-3174

Purpose of Disbursement  
HQ ACCT - OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

Transaction ID : SB21-0.047380

Amount of Each Disbursement this Period

34.26
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. VERIZON WIRELESS**

Mailing Address PO BOX 25505

City LEHIGH VALLEY State PA Zip Code 18002-5505

Purpose of Disbursement  
HQ ACCT - PHONE SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2015			

Transaction ID : SB21-0.047382

Amount of Each Disbursement this Period

5148.16
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101-1270

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

Transaction ID : SB21-0.045220

Amount of Each Disbursement this Period

95000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

95000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. NEMACOLIN WOODLANDS RESORT**

Mailing Address 1001 LAFAYETTE DR

City FARMINGTON State PA Zip Code 15437

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

Transaction ID : SB21-0.047593

Amount of Each Disbursement this Period

95000.00
----------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101-1270

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : SB21-0.045240

Amount of Each Disbursement this Period

95670.69
----------

Full Name (Last, First, Middle Initial)

**C. ADOBE SYSTEMS**

Mailing Address 345 PARK AVE

City SAN JOSE State CA Zip Code 95110-2704

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : SB21-0.047408

Amount of Each Disbursement this Period

211.42
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

95670.69
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ALASKA AIRLINES**

Mailing Address PO BOX 68900

City SEATTLE State WA Zip Code 98168

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB21-0.047410

Amount of Each Disbursement this Period

853.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. ALISTAIR-HUGO LIMITED**

Mailing Address UNIT 20, ACTON PARK ESTATE  
THE VALE

City LONDON State Zip Code

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB21-0.047412

Amount of Each Disbursement this Period

360.56

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMAZON WEB SERVICES**

Mailing Address PO BOX 81226

City SEATTLE State WA Zip Code 98108

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB21-0.047414

Amount of Each Disbursement this Period

86.20

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address PO BOX 620081

City DALLAS State TX Zip Code 75262

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : SB21-0.047416

Amount of Each Disbursement this Period

575.70
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101-1270

Purpose of Disbursement  
TRAVEL FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : SB21-0.047418

Amount of Each Disbursement this Period

20.97
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101-1270

Purpose of Disbursement  
TRAVEL FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : SB21-0.047476

Amount of Each Disbursement this Period

30.00
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : **SB21-0.047420**

Amount of Each Disbursement this Period

320.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BASECAMP**

Mailing Address 30 N RACINE AVE #200

City CHICAGO State IL Zip Code 60607

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : **SB21-0.047422**

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BULLFEATHERS OF CAPITOL HILL**

Mailing Address 410 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : **SB21-0.047424**

Amount of Each Disbursement this Period

173.15

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CINERGIX**

Mailing Address 1/28 MENTONE PARADE

City MENTONE State Zip Code VIC 3

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2015

Transaction ID : **SB21-0.047430**

Amount of Each Disbursement this Period

3.64

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CISCO SYSTEMS**

Mailing Address 170 WEST TASMAN DRIVE

City SAN JOSE State CA Zip Code 95134

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2015

Transaction ID : **SB21-0.047514**

Amount of Each Disbursement this Period

49.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CORCORAN CATERERS**

Mailing Address 2401 MONTGOMERY ST

City SILVER SPRING State MD Zip Code 20910

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2015

Transaction ID : **SB21-0.047426**

Amount of Each Disbursement this Period

567.50

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. COSI**

Mailing Address 1751 LAKE COOK RD

City CHICAGO State IL Zip Code 60015

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

**Transaction ID : SB21-0.047428**

Amount of Each Disbursement this Period

113.06

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DC TREASURER**

Mailing Address PO BOX 37630

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

**Transaction ID : SB21-0.047484**

Amount of Each Disbursement this Period

174.94

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DIGITAL OCEAN**

Mailing Address 101 AVENUE OF THE AMERICAS  
10TH FLOOR

City NEW YORK State NY Zip Code 10013

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

**Transaction ID : SB21-0.047432**

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. DROPBOX INC**

Mailing Address 760 MARKET ST  
STE 1150

City SAN FRANCISCO State CA Zip Code 94102

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2015

Transaction ID : SB21-0.047448

Amount of Each Disbursement this Period

13.98
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. FACEBOOK**

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2015

Transaction ID : SB21-0.047450

Amount of Each Disbursement this Period

12764.48
----------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. FEDEX KINKOS**

Mailing Address PO BOX 672085

City DALLAS State TX Zip Code 75267-2085

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2015

Transaction ID : SB21-0.047452

Amount of Each Disbursement this Period

143.95
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. FRONTIER AIRLINES**

Mailing Address 8909 PURDUE RD, STE 300

City INDIANAPOLIS State IN Zip Code 46268

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : SB21-0.047454

Amount of Each Disbursement this Period

345.01

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. GIANT FOOD**

Mailing Address 8301 PROFESSIONAL PL  
STE 115

City LANDOVER State MD Zip Code 20785

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : SB21-0.047488

Amount of Each Disbursement this Period

219.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. GODADDY.COM**

Mailing Address 14455 N HAYDEN RD  
STE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : SB21-0.047456

Amount of Each Disbursement this Period

262.24

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. GOOGLE INC**

Mailing Address DEPT. 33654  
PO BOX 39000

City SAN FRANCISCO State CA Zip Code 94139

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

**Transaction ID : SB21-0.047458**

Amount of Each Disbursement this Period

11031.70
----------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HAWK AND DOVE RESTAURANT**

Mailing Address 329 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

**Transaction ID : SB21-0.047460**

Amount of Each Disbursement this Period

140.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HELP SCOUT**

Mailing Address 500 HARRISON AVE., FLOOR 3R

City BOSTON State MA Zip Code 02118

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

**Transaction ID : SB21-0.047462**

Amount of Each Disbursement this Period

15.00
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. HILTON HOTELS CORP**

Mailing Address 7930 JONES BRANCH DR, STE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 07 / 2015

Transaction ID : **SB21-0.047464**

Amount of Each Disbursement this Period: 614.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. IHEART MEDIA**

Mailing Address 20800 STONE OAK PARKWAY

City SAN ANTONIO State TX Zip Code 78258

Purpose of Disbursement REGISTRATION FEE- EVENT TICKETS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 07 / 2015

Transaction ID : **SB21-0.047466**

Amount of Each Disbursement this Period: 36380.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. LEGACY.COM**

Mailing Address 820 DAVS STREET, SUITE 210

City EVANSTON State IL Zip Code 60201

Purpose of Disbursement FLORAL EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 07 / 2015

Transaction ID : **SB21-0.047470**

Amount of Each Disbursement this Period: 167.98

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. LEXIS-NEXIS**

Mailing Address PO BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170-7090

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB21-0.047472

Amount of Each Disbursement this Period

18137.19

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MAIL CHIMP**

Mailing Address 512 MEANS ST  
STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB21-0.047474

Amount of Each Disbursement this Period

170.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MGM RESORTS INTERNATIONAL**

Mailing Address 3600 LAS VEGAS BLVD. SOUTH

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2015

Transaction ID : SB21-0.047478

Amount of Each Disbursement this Period

1767.36

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MON AMI GABI**

Mailing Address 3655 LAS VEGAS BLVD. SOUTH

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : **SB21-0.047480**

Amount of Each Disbursement this Period

650.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MORTONS STEAKHOUSE**

Mailing Address 325 N LASALLE ST  
STE 500

City CHICAGO State IL Zip Code 60654

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : **SB21-0.047482**

Amount of Each Disbursement this Period

1356.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. PARTY RENTAL**

Mailing Address 275 NORTH STREET

City TETERBORO State NJ Zip Code 07608

Purpose of Disbursement  
STAGING - EQUIPMENT RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : **SB21-0.047486**

Amount of Each Disbursement this Period

450.79

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. POTBELLY SANDWICH WORKS**

Mailing Address 222 MERCHANDISE MART PLZ  
#230

City CHICAGO State IL Zip Code 60654

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2015

Transaction ID : SB21-0.047490

Amount of Each Disbursement this Period

400.17
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. RACKSPACE MANAGED HOSTING**

Mailing Address PO BOX 730759

City DALLAS State TX Zip Code 75373-0759

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2015

Transaction ID : SB21-0.047492

Amount of Each Disbursement this Period

48.80
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. REVUP SOFTWARE**

Mailing Address 702 MARSHALL ST., SUITE 301

City REDWOOD State CA Zip Code 94063

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2015

Transaction ID : SB21-0.047494

Amount of Each Disbursement this Period

1000.00
---------

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. ROSEWOOD HOTELS**

Mailing Address 500 CRESCENT COURT

City DALLAS State TX Zip Code 75201

Purpose of Disbursement CREDIT - TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : **SB21-0.047495**

Amount of Each Disbursement this Period: -6390.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. STAMPS.COM**

Mailing Address 1990 E. GRAND AVE.

City EL SEGUNDO State CA Zip Code 90245-5013

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : **SB21-0.047498**

Amount of Each Disbursement this Period: 15.99

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. TORTILLA COAST**

Mailing Address 400 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : **SB21-0.047500**

Amount of Each Disbursement this Period: 20.50

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 405 HOWARD ST

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : **SB21-0.047502**

Amount of Each Disbursement this Period

459.99
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES INC**

Mailing Address 77 W WACKER DR

City State Zip Code  
CHICAGO IL 60601

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : **SB21-0.047504**

Amount of Each Disbursement this Period

606.20
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address 2345 CRYSTAL DR

City State Zip Code  
ARLINGTON VA 22227

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : **SB21-0.047506**

Amount of Each Disbursement this Period

1215.50
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. US POSTMASTER**

Mailing Address MAIN POST OFFICE

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : SB21-0.047508

Amount of Each Disbursement this Period

8.81
------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. VIMEO**

Mailing Address 555 W 18TH ST

City NEW YORK State NY Zip Code 10011

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : SB21-0.047510

Amount of Each Disbursement this Period

59.95
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. WALL STREET JOURNAL**

Mailing Address 84 SECOND AVE

City CHICOPEE State MA Zip Code 01020

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : SB21-0.047512

Amount of Each Disbursement this Period

26.43
-------

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. WASHINGTON METRO AREA TRANSIT AUTHORITY**

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 07 / 2015

Transaction ID : **SB21-0.047520**

Amount of Each Disbursement this Period: 2661.25

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. WIKISPACES.COM**

Mailing Address 165 10TH STREET, SUITE 50

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 07 / 2015

Transaction ID : **SB21-0.047516**

Amount of Each Disbursement this Period: 200.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. WILLARD INTERCONTINENTAL**

Mailing Address 1401 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 07 / 2015

Transaction ID : **SB21-0.047468**

Amount of Each Disbursement this Period: 5000.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. WINDOWS CATERING**

Mailing Address 5724 GENERAL WASHINGTON DRIVE

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : **SB21-0.047518**

Amount of Each Disbursement this Period

1575.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. WP ENGINE**

Mailing Address 701 BRAZOS ST  
STE 1602

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : **SB21-0.047522**

Amount of Each Disbursement this Period

461.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. WUFOO INFINITY BOX INC**

Mailing Address 12157 W LINEBAUGH AVE

City TAMPA State FL Zip Code 33626

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : **SB21-0.047524**

Amount of Each Disbursement this Period

69.95

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. AMERICAN EXPRESS MERCHANT ACCOUNT</b>		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
Mailing Address PO BOX 981532		<b>Transaction ID : SB21-0.045250</b>
City EL PASO State TX Zip Code 79998	Amount of Each Disbursement this Period	
Purpose of Disbursement BANK FEE	<input type="text"/>	<input type="text" value="163.05"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. AMERICAN EXPRESS MERCHANT ACCOUNT</b>		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
Mailing Address PO BOX 981532		<b>Transaction ID : SB21-0.045253</b>
City EL PASO State TX Zip Code 79998	Amount of Each Disbursement this Period	
Purpose of Disbursement BANK FEE	<input type="text"/>	<input type="text" value="7.95"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. AMERICAN EXPRESS MERCHANT ACCOUNT</b>		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
Mailing Address PO BOX 981532		<b>Transaction ID : SB21-0.045255</b>
City EL PASO State TX Zip Code 79998	Amount of Each Disbursement this Period	
Purpose of Disbursement BANK FEE	<input type="text"/>	<input type="text" value="102.95"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="273.95"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS MERCHANT ACCOUNT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2015

Mailing Address PO BOX 981532

**Transaction ID : SB21-0.045256**

City EL PASO State TX Zip Code 79998

Amount of Each Disbursement this Period

99.35
-------

Purpose of Disbursement  
BANK FEE

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS MERCHANT ACCOUNT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2015

Mailing Address PO BOX 981532

**Transaction ID : SB21-0.045257**

City EL PASO State TX Zip Code 79998

Amount of Each Disbursement this Period

1673.11
---------

Purpose of Disbursement  
BANK FEE

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. ANTON DESIGN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2015

Mailing Address 221 EUREKA DRIVE NE

**Transaction ID : SB21-0.045199**

City ATLANTA State GA Zip Code 30305

Amount of Each Disbursement this Period

750.00
--------

Purpose of Disbursement  
PRINTING

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2522.46
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ATTENTIVE.LY**

Mailing Address 4023 KENNETT PIKE, #55391

City WILMINGTON State DE Zip Code 19807

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB21-0.045022

Amount of Each Disbursement this Period

12625.00

Full Name (Last, First, Middle Initial)

**B. B. LIN CATERING**

Mailing Address 2312 4TH STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB21-0.045023

Amount of Each Disbursement this Period

257.70

Full Name (Last, First, Middle Initial)

**C. BROADPOINT, INC.**

Mailing Address 7501 WISCONSIN AVE  
STE 720 W

City BETHESDA State MD Zip Code 20814

Purpose of Disbursement  
HQ ACCT - COMPUTER SUPPORT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB21-0.045186

Amount of Each Disbursement this Period

262.50

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

13145.20

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
BANK FEE/WEB SVC/LIST RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : SB21-0.045242

Amount of Each Disbursement this Period

161.94

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
BANK FEE/WEB SCV/LIST RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2015

Transaction ID : SB21-0.045466

Amount of Each Disbursement this Period

17147.40

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : SB21-0.045190

Amount of Each Disbursement this Period

16562.35

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

33871.69

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CENTURY LINK**

Mailing Address PO BOX 52187

City PHOENIX State AZ Zip Code 85072-2187

Purpose of Disbursement  
HQ ACCT - PHONE SVC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2015

**Transaction ID : SB21-0.045004**

Amount of Each Disbursement this Period

88.38

Full Name (Last, First, Middle Initial)

**B. CHANGE.ORG**

Mailing Address PO BOX 200153

City PITTSBURGH State PA Zip Code 15251

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

**Transaction ID : SB21-0.045025**

Amount of Each Disbursement this Period

3528.87

Full Name (Last, First, Middle Initial)

**C. CHAPIN RESIDENTIAL AND COMMERCIAL**

Mailing Address 9101 WARFIELD ROAD

City GAITHERSBURG State MD Zip Code 20882

Purpose of Disbursement  
HQ ACCT - MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

**Transaction ID : SB21-0.045225**

Amount of Each Disbursement this Period

4470.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8087.25

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2015

Transaction ID : **SB21-0.045009**

Amount of Each Disbursement this Period

15778.13

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2015

Transaction ID : **SB21-0.045200**

Amount of Each Disbursement this Period

18705.03

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015

Transaction ID : **SB21-0.045396**

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

34633.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. COGENT COMMUNICATIONS INC**

Mailing Address PO BOX 791087

City State Zip Code  
BALTIMORE MD 21279-1087

Purpose of Disbursement  
HQ ACCT - WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : SB21-0.045019

Amount of Each Disbursement this Period

2100.00

Full Name (Last, First, Middle Initial)

**B. COLLARED GREENS, INC.**

Mailing Address 2513 GRENOBLE ROAD

City State Zip Code  
RICHMOND VA 23294

Purpose of Disbursement  
DONOR MEMENTOS - CLOTHING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : SB21-0.045026

Amount of Each Disbursement this Period

4781.25

Full Name (Last, First, Middle Initial)

**C. COMMUNICATION CORP OF AMERICA**

Mailing Address 13195 FREEDOM WAY

City State Zip Code  
BOSTON VA 22713

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

Transaction ID : SB21-0.044991

Amount of Each Disbursement this Period

17405.48

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

24286.73

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. COMMUNICATION CORP OF AMERICA**

Mailing Address 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

**Transaction ID : SB21-0.045041**

Amount of Each Disbursement this Period

48353.92

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. COMMUNICATION CORP OF AMERICA**

Mailing Address 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

**Transaction ID : SB21-0.045201**

Amount of Each Disbursement this Period

27726.25

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. COMMUNICATION CORP OF AMERICA**

Mailing Address 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2015

**Transaction ID : SB21-0.045258**

Amount of Each Disbursement this Period

15765.79

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

91845.96

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. COMMUNICATION CORP OF AMERICA**

Mailing Address 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21-0.045398**

Amount of Each Disbursement this Period

14776.10

Full Name (Last, First, Middle Initial)

**B. CONCUR TECHNOLOGIES INC**

Mailing Address 62157 COLLECTIONS CENTER DR.

City CHICAGO State IL Zip Code 60693

Purpose of Disbursement  
TRAVEL SERVICES PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

**Transaction ID : SB21-0.044993**

Amount of Each Disbursement this Period

9071.81

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4333 AMMON CARTER BLVD

City FT. WORTH State TX Zip Code 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

**Transaction ID : SB21B.CCP10009**

Amount of Each Disbursement this Period

257.60

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

23847.91



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMMON CARTER BLVD

City State Zip Code  
FT. WORTH TX 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2015

Transaction ID : **SB21B.CCP10013**

Amount of Each Disbursement this Period

7.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMMON CARTER BLVD

City State Zip Code  
FT. WORTH TX 74133

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2015

Transaction ID : **SB21B.CCP10014**

Amount of Each Disbursement this Period

12.28

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4333 AMMON CARTER BLVD

City State Zip Code  
FT. WORTH TX 74133

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2015

Transaction ID : **SB21B.CCP10015**

Amount of Each Disbursement this Period

7.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. AVIS RENTAL CAR**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

Transaction ID : **SB21B.CCP10016**

Amount of Each Disbursement this Period

166.47

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AVIS RENTAL CAR**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

Transaction ID : **SB21B.CCP10017**

Amount of Each Disbursement this Period

520.85

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AVIS RENTAL CAR**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

Transaction ID : **SB21B.CCP10018**

Amount of Each Disbursement this Period

12.85

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

Transaction ID : **SB21B.CCP10010**

Amount of Each Disbursement this Period

172.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

Transaction ID : **SB21B.CCP10011**

Amount of Each Disbursement this Period

140.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

Transaction ID : **SB21B.CCP10012**

Amount of Each Disbursement this Period

119.85

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

Transaction ID : **SB21B.CCP10019**

Amount of Each Disbursement this Period

45.38

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

Transaction ID : **SB21B.CCP10020**

Amount of Each Disbursement this Period

19.85

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

Transaction ID : **SB21B.CCP10021**

Amount of Each Disbursement this Period

19.85

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2015

Transaction ID : **SB21B.CCP10022**

Amount of Each Disbursement this Period: 19.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2015

Transaction ID : **SB21B.CCP10023**

Amount of Each Disbursement this Period: 51.63

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2015

Transaction ID : **SB21B.CCP10024**

Amount of Each Disbursement this Period: 15.45

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. HILTON HOTELS AND RESORTS**

Mailing Address 14850 KRUSE OAKS DRIVE

City LAKE OSWEGO State OR Zip Code 97035

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2015

Transaction ID : **SB21B.CCP10025**

Amount of Each Disbursement this Period

291.54
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HOMEWOOD SUITES DOWNTOWN**

Mailing Address 1025 ELM STREET

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2015

Transaction ID : **SB21B.CCP10026**

Amount of Each Disbursement this Period

171.74
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HOMEWOOD SUITES DOWNTOWN**

Mailing Address 1025 ELM STREET

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2015

Transaction ID : **SB21B.CCP10027**

Amount of Each Disbursement this Period

171.74
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MGM GRAND HOTEL &amp; CASINO</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 3799 LAS VEGAS BLVD		<b>Transaction ID : SB21B.CCP10028</b>
City LAS VEGAS	State NV	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 338.91
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MGM GRAND HOTEL &amp; CASINO</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 3799 LAS VEGAS BLVD		<b>Transaction ID : SB21B.CCP10029</b>
City LAS VEGAS	State NV	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 525.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MGM GRAND HOTEL &amp; CASINO</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 3799 LAS VEGAS BLVD		<b>Transaction ID : SB21B.CCP10030</b>
City LAS VEGAS	State NV	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 216.74
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MGM GRAND HOTEL & CASINO**

Mailing Address 3799 LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SB21B.CCP10031

Amount of Each Disbursement this Period

634.75
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MGM GRAND HOTEL & CASINO**

Mailing Address 3799 LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SB21B.CCP10032

Amount of Each Disbursement this Period

1637.47
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MGM GRAND HOTEL & CASINO**

Mailing Address 3799 LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SB21B.CCP10033

Amount of Each Disbursement this Period

9.78
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MGM GRAND HOTEL & CASINO**

Mailing Address 3799 LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2015

Transaction ID : **SB21B.CCP10034**

Amount of Each Disbursement this Period

31.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MGM GRAND HOTEL & CASINO**

Mailing Address 3799 LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2015

Transaction ID : **SB21B.CCP10035**

Amount of Each Disbursement this Period

36.75
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MI COCINA**

Mailing Address 3699 MCKINNEY AVENUE

City DALLAS State TX Zip Code 75204

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2015

Transaction ID : **SB21B.CCP10036**

Amount of Each Disbursement this Period

77.93
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MI COCINA**

Mailing Address 3699 MCKINNEY AVENUE

City DALLAS State TX Zip Code 75204

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2015

Transaction ID : **SB21B.CCP10037**

Amount of Each Disbursement this Period: 155.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MON AMI GABI**

Mailing Address 3655 LAS VEGAS BLVD S

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2015

Transaction ID : **SB21B.CCP10038**

Amount of Each Disbursement this Period: 1048.94

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. RIVER'S EDGE HOTEL AND SPA**

Mailing Address 0455 SW HAMILTON STREET

City PORTLAND State OR Zip Code 97239

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2015

Transaction ID : **SB21B.CCP10039**

Amount of Each Disbursement this Period: 627.77

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address 111 W. RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2015

Transaction ID : **SB21B.CCP10040**

Amount of Each Disbursement this Period: 99.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. CONCUR TECHNOLOGIES INC**

Mailing Address 62157 COLLECTIONS CENTER DR

City CHICAGO State IL Zip Code 60693

Purpose of Disbursement TRAVEL SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 09 / 2015

Transaction ID : **SB21-0.045027**

Amount of Each Disbursement this Period: 481.37

Full Name (Last, First, Middle Initial)

**C. CONCUR TECHNOLOGIES INC**

Mailing Address 62157 COLLECTIONS CENTER DR.

City CHICAGO State IL Zip Code 60693

Purpose of Disbursement TRAVEL SERVICES PAYMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 09 / 2015

Transaction ID : **SB21-0.045042**

Amount of Each Disbursement this Period: 610.25

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1091.62

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : SB21B.CCP10042

Amount of Each Disbursement this Period

19.85

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : SB21B.CCP10043

Amount of Each Disbursement this Period

16.55

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIRLINES**

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : SB21B.CCP10041

Amount of Each Disbursement this Period

353.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES**

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : SB21B.CCP10044

Amount of Each Disbursement this Period

8.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST AIRLINES**

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : SB21B.CCP10045

Amount of Each Disbursement this Period

8.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CONCUR TECHNOLOGIES INC**

Mailing Address 62157 COLLECTIONS CENTER DR.

City CHICAGO State IL Zip Code 60693

Purpose of Disbursement  
TRAVEL SERVICES PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2015

Transaction ID : SB21-0.045185

Amount of Each Disbursement this Period

623.43

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

623.43

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Transaction ID : SB21B.CCP10046

Amount of Each Disbursement this Period

249.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HILTON HOTELS AND RESORTS**

Mailing Address 1 FIRST STAMFORD PLACE

City STAMFORD State CT Zip Code 06902

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Transaction ID : SB21B.CCP10047

Amount of Each Disbursement this Period

217.35
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CONCUR TECHNOLOGIES INC**

Mailing Address 62157 COLLECTIONS CENTER DR.

City CHICAGO State IL Zip Code 60693

Purpose of Disbursement  
TRAVEL SERVICES PAYMENT

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2015			

Transaction ID : SB21-0.045241

Amount of Each Disbursement this Period

1901.87
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1901.87
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. BULLFEATHERS**

Date of Disbursement: MM / DD / YYYY  
10 / 23 / 2015

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement: FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.CCP10048**

Amount of Each Disbursement this Period: 36.23

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. PORTO VISTA HOTEL**

Date of Disbursement: MM / DD / YYYY  
10 / 23 / 2015

Mailing Address 1835 COLUMBIA STREET

City SAN DIEGO State CA Zip Code 92101

Purpose of Disbursement: TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.CCP10049**

Amount of Each Disbursement this Period: 613.41

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. US AIRWAYS**

Date of Disbursement: MM / DD / YYYY  
10 / 23 / 2015

Mailing Address 111 W. RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement: TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.CCP10050**

Amount of Each Disbursement this Period: 466.20

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CONCUR TECHNOLOGIES INC**

Mailing Address 62157 COLLECTIONS CENTER DR.

City State Zip Code  
CHICAGO IL 60693

Purpose of Disbursement  
TRAVEL SERVICES PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB21-0.045410**

Amount of Each Disbursement this Period

1161.33

Full Name (Last, First, Middle Initial)

**B. AVIS RENTAL CAR**

Mailing Address 6 SYLVAN WAY

City State Zip Code  
PARSIPPANY NJ 07054

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB21B.CCP10051**

Amount of Each Disbursement this Period

359.99

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. AVIS RENTAL CAR**

Mailing Address 6 SYLVAN WAY

City State Zip Code  
PARSIPPANY NJ 07054

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB21B.CCP10052**

Amount of Each Disbursement this Period

602.07

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1161.33



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21B.CCP10053**

Amount of Each Disbursement this Period

15.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CONSERVATIVE CONNECTOR LLC**

Mailing Address 190 MONROE AVENUE ST NW STE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

**Transaction ID : SB21-0.045193**

Amount of Each Disbursement this Period

75750.00

Full Name (Last, First, Middle Initial)

**C. CONSERVATIVE CONNECTOR LLC**

Mailing Address 190 MONROE AVENUE ST NW STE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

**Transaction ID : SB21-0.045231**

Amount of Each Disbursement this Period

90500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

166250.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. DC TREASURER**

Mailing Address PO BOX 96384

City WASHINGTON State DC Zip Code 20090-6384

Purpose of Disbursement  
TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21-0.045184**

Amount of Each Disbursement this Period

1661.43

Full Name (Last, First, Middle Initial)

**B. DIRECT RESPONSE STRATEGIES**

Mailing Address 228 S WASHINGTON ST  
STE B30

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045400**

Amount of Each Disbursement this Period

3265.86

Full Name (Last, First, Middle Initial)

**C. DRUCKER LAWHON, LLP**

Mailing Address 317 15TH STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2015

Transaction ID : **SB21-0.045010**

Amount of Each Disbursement this Period

10000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

14927.29

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. DRUCKER LAWHON, LLP**

Mailing Address 317 15TH STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SB21-0.045202**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. ELAVON**

Mailing Address ONE CONCOURSE PKWY, STE 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB21-0.045249**

Amount of Each Disbursement this Period

753.56

Full Name (Last, First, Middle Initial)

**C. ELAVON**

Mailing Address ONE CONCOURSE PKWY, STE 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB21-0.045252**

Amount of Each Disbursement this Period

60.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10813.56

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. FLY ENTERTAINMENT**

Mailing Address 4219 HILLSBORO PIKE, SUITE 234

City NASHVILLE State TN Zip Code 37215

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : SB21-0.045224

Amount of Each Disbursement this Period

2430.00

Full Name (Last, First, Middle Initial)

**B. FLY ENTERTAINMENT**

Mailing Address 4219 HILLSBORO PIKE, SUITE 234

City NASHVILLE State TN Zip Code 37215

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2015

Transaction ID : SB21-0.045244

Amount of Each Disbursement this Period

3625.00

Full Name (Last, First, Middle Initial)

**C. HOLTZMAN VOGEL JOSEFIK PLLC**

Mailing Address 45 NORTH HILL DR  
SUITE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : SB21-0.045233

Amount of Each Disbursement this Period

8000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

14055.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. HUCKABY DAVIS LISKER**

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2015

Transaction ID : SB21-0.045012

Amount of Each Disbursement this Period

20007.19

Full Name (Last, First, Middle Initial)

**B. INFOGROUP**

Mailing Address PO BOX 3243

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB21-0.045203

Amount of Each Disbursement this Period

1332.34

Full Name (Last, First, Middle Initial)

**C. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SVC/TAXES/INSUR

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2015

Transaction ID : SB21-0.045044

Amount of Each Disbursement this Period

149196.37

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

170535.90

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SVC/TAXES/INSUR

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB21-0.045221

Amount of Each Disbursement this Period

44.95

Full Name (Last, First, Middle Initial)

**B. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SVC/TAXES/INSUR

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015

Transaction ID : SB21-0.045259

Amount of Each Disbursement this Period

149955.06

Full Name (Last, First, Middle Initial)

**C. IQ MEDIA**

Mailing Address 10 CAMPUS BLVD

City NEWTON SQUARE State PA Zip Code 19073

Purpose of Disbursement  
WEB SERVICE/WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SB21-0.045030

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

152500.01

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. JANI-KING OF WASHINGTON DC INC.**

Mailing Address PO BOX 741360

City ATLANTA State GA Zip Code 30384-1360

Purpose of Disbursement  
HQ ACCT - PERSONNEL SVC

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

Transaction ID : SB21-0.045020

Amount of Each Disbursement this Period

3899.74
---------

Full Name (Last, First, Middle Initial)

**B. LEVEL 3 COMMUNICATIONS LLC**

Mailing Address PO BOX 910182

City DENVER State CO Zip Code 80291-0182

Purpose of Disbursement  
HQ ACCT - PHONE SVC

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

Transaction ID : SB21-0.045021

Amount of Each Disbursement this Period

1304.43
---------

Full Name (Last, First, Middle Initial)

**C. MERIDIAN IMAGING SOL. INC**

Mailing Address PO BOX 41602

City PHILADELPHIA State PA Zip Code 19101-1602

Purpose of Disbursement  
HQ ACCT - EQUIPMENT RENTAL

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SB21-0.045382

Amount of Each Disbursement this Period

23297.35
----------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

28501.52
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MERKLE INC**

Mailing Address 100 JAMISON CT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2015			

Transaction ID : **SB21-0.045206**

Amount of Each Disbursement this Period

16034.53
----------

Full Name (Last, First, Middle Initial)

**B. MUSTARD SEED MEDIA, LLC**

Mailing Address 107 S. WEST STREET, #809

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

Transaction ID : **SB21-0.045032**

Amount of Each Disbursement this Period

8000.00
---------

Full Name (Last, First, Middle Initial)

**C. NASDAQ OMX CORPORATE SOLUTIONS LLC**

Mailing Address LOCKBOX 11700  
PO BOX 8500

City PHILADELPHIA State PA Zip Code 19178-0700

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2015			

Transaction ID : **SB21-0.045239**

Amount of Each Disbursement this Period

1374.54
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

25409.07
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ONMESSAGE INC**

Mailing Address 705 MELVIN DR  
STE 105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2015

Transaction ID : **SB21-0.045013**

Amount of Each Disbursement this Period

30000.00

Full Name (Last, First, Middle Initial)

**B. OXFORD COMMUNICATIONS LLC**

Mailing Address 321 SOUTH WASHINGTON STREET  
SUITE 2

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : **SB21-0.045207**

Amount of Each Disbursement this Period

70324.90

Full Name (Last, First, Middle Initial)

**C. OXFORD COMMUNICATIONS LLC**

Mailing Address 321 SOUTH WASHINGTON STREET  
SUITE 2

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045404**

Amount of Each Disbursement this Period

17121.20

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

117446.10

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. POSTUP DIGITAL LLC**

Mailing Address 75 REMITTANCE DR., DEPT. 6865

City CHICAGO State IL Zip Code 60675-6865

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : **SB21-0.045033**

Amount of Each Disbursement this Period

4450.00

Full Name (Last, First, Middle Initial)

**B. PREFERRED COMMUNICATIONS**

Mailing Address 815 KING ST  
STE 209

City ALEXANDRIA State VA Zip Code 22314-3099

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045406**

Amount of Each Disbursement this Period

4916.90

Full Name (Last, First, Middle Initial)

**C. REFLECTIONS PHOTOGRAPHY INC**

Mailing Address 631 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PHOTOGRAPHY SVC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045391**

Amount of Each Disbursement this Period

1025.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10391.90

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. RELATIONSHIP SCIENCE**

Mailing Address PO BOX 347989

City PITTSBURGH State PA Zip Code 15251-4989

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2015

Transaction ID : SB21-0.045198

Amount of Each Disbursement this Period: 1500.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. RHA MARKETING**

Mailing Address 114 WEST THIRD ST

City WAYNESBORO State PA Zip Code 17268

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 09 / 2015

Transaction ID : SB21-0.045040

Amount of Each Disbursement this Period: 9044.53

Category/Type

Full Name (Last, First, Middle Initial)

**C. SHARON'S ROSE, INC.**

Mailing Address 401 COMMERCE STREET, PENTHOUSE

City NASHVILLE State TN Zip Code 37219

Purpose of Disbursement MUSICAL ENTERTAINMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2015

Transaction ID : SB21-0.045245

Amount of Each Disbursement this Period: 75000.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 85544.53

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. SHARON'S ROSE, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2015

Mailing Address 401 COMMERCE STREET, PENTHOUSE

**Transaction ID : SB21-0.045246**

City NASHVILLE State TN Zip Code 37219

Amount of Each Disbursement this Period

75000.00
----------

Purpose of Disbursement  
MUSICAL ENTERTAINMENT

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. STAPLES CREDIT PLAN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2015

Mailing Address DEPT 11 - 0005396544  
PO BOX 183174

**Transaction ID : SB21-0.045384**

City COLUMBUS State OH Zip Code 43218-3174

Amount of Each Disbursement this Period

1297.00
---------

Purpose of Disbursement  
HQ ACCT - OFFICE SUPPLIES

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. STRATEGIC ADVANCE SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2015

Mailing Address 611 PENNSYLVANIA AVE SE  
STE 267

**Transaction ID : SB21-0.045014**

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

12795.20
----------

Purpose of Disbursement  
TRAVEL RESERVATION/BOOKING SVC

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

89092.20
----------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC MARKETING AND MAILING**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2015

Mailing Address 3002 N APOLLO DRIVE  
SUITE 6

**Transaction ID : SB21-0.045208**

City CHAMPAIGN State IL Zip Code 61822

Amount of Each Disbursement this Period

18366.07
----------

Purpose of Disbursement  
PRINTING

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. STRATEGIC MARKETING AND MAILING**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2015

Mailing Address 3002 N APOLLO DRIVE  
SUITE 6

**Transaction ID : SB21-0.045408**

City CHAMPAIGN State IL Zip Code 61822

Amount of Each Disbursement this Period

32406.37
----------

Purpose of Disbursement  
PRINTING

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2015

Mailing Address 3180 18TH ST

**Transaction ID : SB21-0.045418**

City SAN FRANCISCO State CA Zip Code 94110

Amount of Each Disbursement this Period

3247.16
---------

Purpose of Disbursement  
BANK FEE

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

54019.60
----------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2015

Transaction ID : **SB21-0.045420**

Amount of Each Disbursement this Period

2394.42

Full Name (Last, First, Middle Initial)

**B. STUART & ASSOCIATES**

Mailing Address 15919 INDUSTRIAL PARKWAY

City CLEVELAND State OH Zip Code 44135

Purpose of Disbursement  
DONOR MEMENTOS - CLOTHING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045392**

Amount of Each Disbursement this Period

11567.74

Full Name (Last, First, Middle Initial)

**C. SUMMIT OPEN SYSTEMS LLC**

Mailing Address PO BOX 841

City ARNOLD State MD Zip Code 21012

Purpose of Disbursement  
HQ ACCT - COMPUTER SUPPORT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : **SB21-0.045226**

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

14262.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. SUSAN LILLY & COMPANY**

Mailing Address 1005 CONGRESS AVE  
SUITE 910

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21-0.045390**

Amount of Each Disbursement this Period

6599.55

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 N FAIRFAX ST  
STE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2015

Transaction ID : **SB21-0.045015**

Amount of Each Disbursement this Period

79700.00

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 N FAIRFAX ST  
STE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

Transaction ID : **SB21-0.045243**

Amount of Each Disbursement this Period

2.05

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

86301.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 N FAIRFAX ST  
STE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2015

Transaction ID : SB21-0.045394

Amount of Each Disbursement this Period

235.36

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 N FAIRFAX ST  
STE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB21-0.045422

Amount of Each Disbursement this Period

80.37

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 N FAIRFAX ST  
STE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB21-0.045424

Amount of Each Disbursement this Period

406.85

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

722.58



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 N FAIRFAX ST  
STE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB21-0.045426

Amount of Each Disbursement this Period

81.60

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 N FAIRFAX ST  
STE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2015

Transaction ID : SB21-0.045467

Amount of Each Disbursement this Period

1.64

Full Name (Last, First, Middle Initial)

**C. TEXAS UNLIMITED BAND**

Mailing Address 3075 CR 118

City GIDDINGS State TX Zip Code 78942

Purpose of Disbursement  
MUSICAL ENTERTAINMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SB21-0.045236

Amount of Each Disbursement this Period

3750.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3833.24

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

## A. TFS PRODUCTIONS

Mailing Address 1400 ROSA L PARKS BLVD STE 306

City NASHVILLE State TN Zip Code 37208

Purpose of Disbursement  
STAGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : SB21-0.045227

Amount of Each Disbursement this Period

11250.00

Full Name (Last, First, Middle Initial)

## B. TFS PRODUCTIONS

Mailing Address 1400 ROSA L PARKS BLVD STE 306

City NASHVILLE State TN Zip Code 37208

Purpose of Disbursement  
STAGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2015

Transaction ID : SB21-0.045247

Amount of Each Disbursement this Period

11250.00

Full Name (Last, First, Middle Initial)

## C. THE CATALYST GROUP

Mailing Address 600 PENNSYLVANIA AVE SE  
STE 330

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2015

Transaction ID : SB21-0.045007

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

26000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. THE COMPLIANCE CONSULTING COMPANY OF VA LLC**

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : SB21-0.045230

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. THE LUKENS COMPANY**

Mailing Address 2800 SHIRLINGTON RD  
9TH FLOOR

City ARLINGTON State VA Zip Code 22206-3613

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : SB21-0.045205

Amount of Each Disbursement this Period

4210.84

Full Name (Last, First, Middle Initial)

**C. THE LUKENS COMPANY**

Mailing Address 2800 SHIRLINGTON RD  
9TH FLOOR

City ARLINGTON State VA Zip Code 22206-3613

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : SB21-0.045402

Amount of Each Disbursement this Period

10968.66

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

25179.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. THE TOWNSEND GROUP**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : **SB21-0.045037**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. TUSK PRODUCTIONS LLC**

Mailing Address 38 LAKEWOOD DR

City DENVILLE State NJ Zip Code 07834

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : **SB21-0.045237**

Amount of Each Disbursement this Period

2870.00

Full Name (Last, First, Middle Initial)

**C. US MONITOR SERVICE**

Mailing Address 86 MAPLE AVE

City NEW YORK State NY Zip Code 10956-5092

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : **SB21-0.045210**

Amount of Each Disbursement this Period

523.35

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4893.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. US POSTMASTER**

Mailing Address MAIN POST OFFICE

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : SB21-0.045211

Amount of Each Disbursement this Period

2330.00

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK NA**

Mailing Address 1753 PINNACLE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : SB21-0.045251

Amount of Each Disbursement this Period

376.55

Full Name (Last, First, Middle Initial)

**C. WESTAR SATELLITE SERVICES**

Mailing Address 221 W 26TH STREET

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement  
SATELLITE TV SVC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2015

Transaction ID : SB21-0.045016

Amount of Each Disbursement this Period

624.75

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3331.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. WESTAR SATELLITE SERVICES**

Date of Disbursement:  /  /

Mailing Address 221 W 26TH STREET

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement SATELLITE TV SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21-0.045039**

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)

**B. WESTERN PEST SERVICES**

Date of Disbursement:  /  /

Mailing Address 202 PERRY PKWY, SUITE 2

City GAITHERSBURG State MD Zip Code 20877-2172

Purpose of Disbursement HQ ACCT - MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21-0.045188**

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)

**C. WILAND**

Date of Disbursement:  /  /

Mailing Address PO BOX 174480

City DENVER State CO Zip Code 80217-4480

Purpose of Disbursement LIST RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21-0.045212**

Amount of Each Disbursement this Period:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. VOTESANE PAC**

Mailing Address PO BOX 2713

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
CONDUIT DISTRIBUTION FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : SB21-0.045416**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. VOTESANE PAC**

Mailing Address PO BOX 2713

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
CONDUIT DISTRIBUTION FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : SB21-0.045469**

Amount of Each Disbursement this Period

175.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

200.00

1947888.53

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CALIFORNIA REPUBLICAN PARTY**

Mailing Address 1215 K ST  
SUITE 1220

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB22-0.044989**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10000.00

10000.00