

**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 1830
	(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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. FOGEL, DAVID, L., MR.,</b>			Date of Receipt
Mailing Address 649 MERWINS LANE			<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City FAIRFIELD	State CT	Zip Code 06824-1973	<b>Transaction ID : SA11A.16988023</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) INDEXIQ		Occupation (for Individual) BUSINESS EXECUTIVE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. FOISIE, DANIEL, , ,</b>			Date of Receipt
Mailing Address 1623 SEVEN MAPLES			<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2017"/>
City KINGWOOD	State TX	Zip Code 77345-1855	<b>Transaction ID : SA11A.16990284</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer (for Individual) OCCUCARE INTERNATIONAL		Occupation (for Individual) EXECUTIVE VICE PRESIDENT	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. FOLIC, JOSEPH, , MR.,</b>			Date of Receipt
Mailing Address 7421 PLANTATION RD.			<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2017"/>
City PLANTATION	State FL	Zip Code 33317-1051	<b>Transaction ID : SA11A.16992551</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="320.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="560.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>