

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**NRCC**

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

**A. MEDLING, ROBERT, , ,**

Mailing Address 857 BRADFORD AVE

City  
NASHVILLEState  
TNZip Code  
37204-2185FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

COMMERCIAL INSURANCE ASSOCIATES LLC

Occupation (for Individual)

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	D D	Y Y Y Y
01	17	2020

**Transaction ID : SA11A.18890116**

Amount of Each Receipt this Period

225.00

☐ Memo Item  
 CONTRIBUTION

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

**B. MEDLOCK, JANE, , ,**

Mailing Address 806 S COEUR D ALENE LN

City  
PAYSONState  
AZZip Code  
85541-5607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	15	2020

**Transaction ID : SA11A.18873497**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

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

**C. MEEHAN, THOMAS, P., ,**Mailing Address 7349 VIA PASEO DEL SUR  
#180City  
SCOTTSDALEState  
AZZip Code  
85258-3780FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	D D	Y Y Y Y
01	15	2020

**Transaction ID : SA11A.18871510**

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2475.00