

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 408 OF 7362  
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

**A. RINGWALL, RICHARD, , ,**

Mailing Address 15130 SW QUEENS LACE RD

City  
ROSE HILLState  
KSZip Code  
67133-8347FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
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
01	/	21	/	2020

**Transaction ID : SA11A.18897419**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. RISHARDSON, JAMES, , ,**

Mailing Address 1000 OAKHURST DR.

City  
WEST LAFAYETTEState  
INZip Code  
47906-2214FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
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
01	/	21	/	2020

**Transaction ID : SA11A.18897863**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. RISING, SUSAN, L., MS.,**

Mailing Address 5215 TWIN CITY HWY

City  
PORT ARTHURState  
TXZip Code  
77642-6013FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ACTION RESTORATION INC.Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2020

**Transaction ID : SA11A.18930030**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....▶

400.00

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