

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

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

FOR LINE NUMBER: PAGE 3601 OF 7997

(check only one)

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

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NAME OF COMMITTEE (In Full)

**NRCC**

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

**A. LAMPING, MARK, A., ,**

Mailing Address 11419 CYPRESS CREEK LAKES DR

City  
CYPRESS

State  
TX

Zip Code  
77433-2087

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NRG

Occupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2018

Transaction ID : SA11A.17559447

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. LAMPO, DEBORAH, , ,**

Mailing Address 3834 STERLING WAY

City  
COLUMBIA

State  
PA

Zip Code  
17512-9029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WELLSPAN HEALTHYORK HOSPITAL

Occupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2018

Transaction ID : SA11A.17566394

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. LAMPTON, LEE, CRUM, MR.,**

Mailing Address PO BOX 2401

City  
JACKSON

State  
MS

Zip Code  
39225-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ERGON

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2018

Transaction ID : SA11A.17589085

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

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

3550.00