

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

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

FOR LINE NUMBER: PAGE 120 OF 5394

(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. ANDERSON, LINDELL, E., MRS.,

Mailing Address 6724 BRIARWOOD DR.

City  
FORT WORTH

State  
TX

Zip Code  
76132-3069

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TX HEALTH HUGULEY HOSPITAL

Occupation (for Individual)  
PART-TIME CERTIFIED PASTORAL E

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2019

Transaction ID : SA11A.18267592

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. ANDERSON, LINDELL, E., MRS.,

Mailing Address 6724 BRIARWOOD DR.

City  
FORT WORTH

State  
TX

Zip Code  
76132-3069

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TX HEALTH HUGULEY HOSPITAL

Occupation (for Individual)  
PART-TIME CERTIFIED PASTORAL E

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2019

Transaction ID : SA11A.18267594

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

REFUNDED \$50.00 ON 08/19/2019

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

C. ANDERSON, LINCOLN, M., ,

Mailing Address 2046 VALLEY MEADOW DR.

City  
OAK VIEW

State  
CA

Zip Code  
93022-9512

FEC 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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2019

Transaction ID : SA11A.18245747

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

135.00