

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1164 OF 5394

(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
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NAME OF COMMITTEE (In Full)

**NRCC**

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

**A. DODGE, ROBERT, M., MR.,**

Mailing Address 1169 N. ANTILLES CIRCLE

City  
SALT LAKE CITYState  
UTZip Code  
84116-4390FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEW YORK LIFEOccupation (for Individual)  
INSURANCE AND SECURITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.20

Date of Receipt

M M	D D	Y Y Y Y
08	12	2019

Transaction ID : SA11A.18257314

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**B. DODGE, ROBERT, M., MR.,**

Mailing Address 1169 N. ANTILLES CIRCLE

City  
SALT LAKE CITYState  
UTZip Code  
84116-4390FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEW YORK LIFEOccupation (for Individual)  
INSURANCE AND SECURITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.20

Date of Receipt

M M	D D	Y Y Y Y
08	12	2019

Transaction ID : SA11A.18257315

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. DODGE, ROBERT, M., MR.,**

Mailing Address 1169 N. ANTILLES CIRCLE

City  
SALT LAKE CITYState  
UTZip Code  
84116-4390FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEW YORK LIFEOccupation (for Individual)  
INSURANCE AND SECURITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.20

Date of Receipt

M M	D D	Y Y Y Y
08	23	2019

Transaction ID : SA11A.18281042

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)..... ►

65.00