

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

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

FOR LINE NUMBER: PAGE 1779 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. HALES, STEVEN, , MR.,**

Mailing Address 1 NOBLE WOODS WAY

City

ORMOND BEACH

State

FL

Zip Code

32174-6763

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

LOCKHEED MARTIN

Occupation (for Individual)

SOFTWARE ENGINEER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2019

**Transaction ID : SA11A.18300008**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. HALES, STEVEN, , MR.,**

Mailing Address 1 NOBLE WOODS WAY

City

ORMOND BEACH

State

FL

Zip Code

32174-6763

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

LOCKHEED MARTIN

Occupation (for Individual)

SOFTWARE ENGINEER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2019

**Transaction ID : SA11A.18300026**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. HALEY, RICHARD, , ,**

Mailing Address 4948 SW 2ND PLACE

City

CAPE CORAL

State

FL

Zip Code

33914-7183

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 ▼

800.00

Date of Receipt

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

**Transaction ID : SA11A.18243401**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

170.00

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