

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

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

FOR LINE NUMBER: PAGE 1884 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. HEALY, PATRICIA, , MS.,

Mailing Address 1024 MARION PL

City  
SHERIDAN

State  
WY

Zip Code  
82801-2930

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WALMART

Occupation (for Individual)  
CASHIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2019

Transaction ID : SA11A.18258341

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. HEALY, PATRICIA, , MS.,

Mailing Address 1024 MARION PL

City  
SHERIDAN

State  
WY

Zip Code  
82801-2930

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WALMART

Occupation (for Individual)  
CASHIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2019

Transaction ID : SA11A.18272926

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

C. HEALY, ROBERT, M., MR.,

Mailing Address 1414 WINDWARD RD

City  
MILFORD

State  
CT

Zip Code  
06461-1766

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2019

Transaction ID : SA11A.18301606

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

175.00

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