

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 3067 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**NRCC**

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

**A. MORRIS, MARY, , ,**

Mailing Address 100 , SOLO DE PASO LANE

City  
SEDONAState  
AZZip Code  
86351-6977FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2019

Transaction ID : SA11A.18279576

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. MORRIS, MARTIN, , ,**

Mailing Address 3806 S DREXEL AVE

City  
TAMPAState  
FLZip Code  
33611-1518FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SUNBELT LUBRICANTSOccupation (for Individual)  
EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2019

Transaction ID : SA11A.18288131

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. MORRIS, OLIVIA, , DR.,**

Mailing Address 1842 LONE TREE LANE

City  
LAS CRUCESState  
NMZip Code  
88011-4098FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MEDICAL DOCTOR ASSOCIATES/PRESBYTERIANOccupation (for Individual)  
SPORTS MED,ORTHOPEDIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2019

Transaction ID : SA11A.18260957

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

650.00

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