

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 3485 OF 5394

☒ 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. PORTER, ANGELA, , MS.,**

Mailing Address 8481 BIG RUN ROAD

City  
GAMBIER

State  
OH

Zip Code  
43022-9715

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 ▼

340.00

Date of Receipt

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

**Transaction ID : SA11A.18288185**

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

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

**B. PORTER, BARBARA, , MS.,**

Mailing Address 4510 -A NORCROSS ROAD

City  
HIXSON

State  
TN

Zip Code  
37343-5854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BARBARA PORTER

Occupation (for Individual)  
CUSTOMER SERVICE

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 / 09 / 2019

**Transaction ID : SA11A.18252156**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. PORTER, BARBARA, , MS.,**

Mailing Address 4510 -A NORCROSS ROAD

City  
HIXSON

State  
TN

Zip Code  
37343-5854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BARBARA PORTER

Occupation (for Individual)  
CUSTOMER SERVICE

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 / 15 / 2019

**Transaction ID : SA11A.18266134**

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)..... ►

95.00