

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

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

FOR LINE NUMBER: PAGE 955 OF 2813

(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. 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2019

Transaction ID : SA11A.18010309

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. HALL, CHARLES G, , ,**

Mailing Address 2305 NORWAY MAPLE STREET

City  
LAS VEGAS

State  
NV

Zip Code  
89117-1897

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHARLES G HALL

Occupation (for Individual)  
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2019

Transaction ID : SA11A.18056761

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. HALL, LEWIS, , ,**

Mailing Address 466 LEE RD 601

City  
PHENIX CITY

State  
AL

Zip Code  
36870-7934

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INTERNAL MEDICINE ASSOCIATES

Occupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2019

Transaction ID : SA11A.18020318

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

385.00

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