

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

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

FOR LINE NUMBER: PAGE 363 OF 8243

(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. BARRETT, CAROL, , ,**

Mailing Address 610 BROOKHOLLOW DRIVE

City  
PALESTINE

State  
TX

Zip Code  
75801-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF TEXAS MEDICAL BRANCH

Occupation (for Individual)  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

488.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2019

**Transaction ID : SA11A.18303899**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. BARRETT, CLAUDIA, , MS.,**

Mailing Address 6066 WEBER OAKS DRIVE

City  
LOVELAND

State  
OH

Zip Code  
45140-8534

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
SCHOOL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2019

**Transaction ID : SA11A.18397431**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. BARRETT, CLAUDIA, , MS.,**

Mailing Address 6066 WEBER OAKS DRIVE

City  
LOVELAND

State  
OH

Zip Code  
45140-8534

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
SCHOOL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2019

**Transaction ID : SA11A.18397433**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

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

85.00