

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

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

FOR LINE NUMBER: PAGE 1479 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. DANIELS, JAMIE, , ,**

Mailing Address 2611 ERICKSON RD

City  
RHODES

State  
MI

Zip Code  
48652-9501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SOARING EAGLE CASINO AND RESORT

Occupation (for Individual)

GUEST SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2019

**Transaction ID : SA11A.18336678**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. DANIELS, JAMIE, , ,**

Mailing Address 2611 ERICKSON RD

City  
RHODES

State  
MI

Zip Code  
48652-9501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SOARING EAGLE CASINO AND RESORT

Occupation (for Individual)

GUEST SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2019

**Transaction ID : SA11A.18385119**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. DANIELS, JAN, , ,**

Mailing Address 1375 OPAL VALLEY ST

City  
HENDERSON

State  
NV

Zip Code  
89052-3145

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2019

**Transaction ID : SA11A.18360805**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

110.00