

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1514 OF 8243

(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
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NAME OF COMMITTEE (In Full)

**NRCC**

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

**A. DAVIS, STAFFORD, , MR.,**

Mailing Address P.O. BOX 877

City  
ORANGE PARKState  
FLZip Code  
32067-0877FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DAVIS INVESTMENT INC.Occupation (for Individual)  
VICE PRESIDENT

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
09	/	09	/	2019

**Transaction ID : SA11A.18330057**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

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

**B. DAVIS, SUE, , ,**

Mailing Address 7260 E WHISPERING WIND

City  
SCOTTSDALEState  
AZZip Code  
85255-2716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2019

**Transaction ID : SA11A.18406648**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

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

**C. DAVIS, TED, E., MR.,**

Mailing Address 1825 EVERGREEN STREET

City  
LEAVENWORTHState  
KSZip Code  
66048-6501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GRACE STRATEGIC SERVICES, INC.Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2019

**Transaction ID : SA11A.18327726**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....▶

135.00

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