

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

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

FOR LINE NUMBER: PAGE 1829 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. EDGE, STEVE, , ,**

Mailing Address 5333 SPRING VALLEY RD

City  
EVANSVILLE

State  
IN

Zip Code  
47715-3060

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 ▼

431.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2019

**Transaction ID : SA11A.18313913**

Amount of Each Receipt this Period

11.00

☐ Memo Item  
CONTRIBUTION

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

**B. EDGERLEY, ERNEST, , ,**

Mailing Address 28 DEERFIELD DR.

City  
BRUNSWICK

State  
ME

Zip Code  
04011-3543

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
J. EDWARD KNIGHT

Occupation (for Individual)  
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2019

**Transaction ID : SA11A.18371856**

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

**C. EDGERLY, LOIS, S., MRS.,**

Mailing Address 32 HIGHLAND STREET  
32

City  
CAMBRIDGE

State  
MA

Zip Code  
02138-2210

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 ▼

450.00

Date of Receipt

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

**Transaction ID : SA11A.18387348**

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)..... ►

136.00