

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

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

FOR LINE NUMBER: PAGE 2734 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. HASH, ROBERT, L., DR.,**

Mailing Address 514 HOLMES AVENUE NE

City  
HUNTSVILLE

State  
AL

Zip Code  
35801-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUNTSVILLE HOSPITAL

Occupation (for Individual)  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2019

**Transaction ID : SA11A.18380226**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. HASKINS, DENNIS, , ,**

Mailing Address 231 JASMINE WAY

City  
DANVILLE

State  
CA

Zip Code  
94506-4729

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DESILVA GATES

Occupation (for Individual)  
ESTIMATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2019

**Transaction ID : SA11A.18380151**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. HASKIN, TERRY, , ,**

Mailing Address 256 GREEN VALLEY ROAD

City  
FREEDOM

State  
CA

Zip Code  
95019-3139

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 ▼

1015.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 02 / 2019

**Transaction ID : SA11A.18304314**

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)..... ►

400.00