

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

FOR LINE NUMBER: PAGE 3017 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. HUGHES, MARY, ANN, ,

Mailing Address 144 ISLAND VIEW CIR

City
ELGINState
SCZip Code
29045-9180FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
09	23	2019

Transaction ID : SA11A.18375291

Amount of Each Receipt this Period

300.00

☐ Memo Item
 CONTRIBUTION

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

B. HUGHES, PAUL, , ,

Mailing Address 200 FAIRWAY DR.

City

HALF MOON BAY

State

CA

Zip Code

94019-2280

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

HUGHES ORTHOPEDICS

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	D D	Y Y Y Y
09	16	2019

Transaction ID : SA11A.18351708

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

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

C. HUGHES, SUZANNE C, , ,

Mailing Address 2340 SHINGLE SPRINGS DRIVE

City

PLACERVILLE

State

CA

Zip Code

95667-9469

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
09	01	2019

Transaction ID : SA11A.18303531

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

385.00

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