

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

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

FOR LINE NUMBER: PAGE 3275 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. JUDD, BARBARA, L., MS.,**

Mailing Address 639 PERSIMMON WAY

City  
OCEANSIDE

State  
CA

Zip Code  
92058-1670

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 ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2019

**Transaction ID : SA11A.18358530**

Amount of Each Receipt this Period

500

☐ Memo Item  
CONTRIBUTION

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

**B. JUDSON, ROBERT, , MR.,**

Mailing Address 3 TURTLE GROVE LANE

City  
VILLAGE OF GOLF

State  
FL

Zip Code  
33436-5626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KC FUNDING LLC

Occupation (for Individual)  
SCHOOL OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

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

**Transaction ID : SA11A.18371361**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. JUDSON, ROBERT, , MR.,**

Mailing Address 3 TURTLE GROVE LANE

City  
VILLAGE OF GOLF

State  
FL

Zip Code  
33436-5626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KC FUNDING LLC

Occupation (for Individual)  
SCHOOL OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 27 / 2019

**Transaction ID : SA11A.18396448**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1005.00