

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 542 OF 4507  
(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. DESAI, HIREN, , ,**

Mailing Address 518 IRON WOOD TRAIL

City  
CHATTANOOGAState  
TNZip Code  
37421-7313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
3H GROUP HOTELSOccupation (for Individual)  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2019

**Transaction ID : SA11A.18017650**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
 CONTRIBUTION

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

**B. DESILVA, DIANE, , ,**

Mailing Address 1 WEST WAY

City  
ORINDAState  
CAZip Code  
94563-1840FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

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
03	/	29	/	2019

**Transaction ID : SA11A.18003078**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

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

**C. DESILETS, LOUISE, , ,**

Mailing Address 11615 NEW BOND STREET

City  
FREDERICKSBURGState  
VAZip Code  
22408-1864FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
REGISTERED NURSEOccupation (for Individual)  
COMFORTKEEPERS, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2019

**Transaction ID : SA11A.17964222**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5600.00