

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

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

FOR LINE NUMBER: PAGE 1245 OF 1762

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**NRCC**

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

**A. SMITH, THOMAS, J., MR.,**

Mailing Address 4951 COUNTY ROAD 6

City  
BISHOP

State  
TX

Zip Code  
78343-5074

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2017

**Transaction ID : SA11A.16976913**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. SMITH, THOMAS, L., MR.,**

Mailing Address P O BOX 508

City  
CALVERT CITY

State  
KY

Zip Code  
42029-0508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF - EMPLOYED

Occupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2017

**Transaction ID : SA11A.16961618**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. SMITH, THOMAS, R., MR.,**

Mailing Address 1514 CARRIAGE HILL DR.

City  
HUDSON

State  
OH

Zip Code  
44236-4046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MXR SOURCEONE HEALTHCARE TECHNOLOGIES

Occupation (for Individual)  
IT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2017

**Transaction ID : SA11A.16964683**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

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

150.00