

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. GILLIAM, MARK, E., MR.,**

Mailing Address 400 TRAVIS STREET; SUITE 1700

City  
SHREVEPORT

State  
LA

Zip Code  
71101-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2019

**Transaction ID : SA11A.18178399**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. GILLIAM, MARK, E., MR.,**

Mailing Address 400 TRAVIS STREET; SUITE 1700

City  
SHREVEPORT

State  
LA

Zip Code  
71101-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2019

**Transaction ID : SA11A.18178400**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. GILLIAM, MARK, E., MR.,**

Mailing Address 400 TRAVIS STREET; SUITE 1700

City  
SHREVEPORT

State  
LA

Zip Code  
71101-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2019

**Transaction ID : SA11A.18178401**

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

90.00

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