

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

FOR LINE NUMBER: PAGE 1477 OF 4387

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. HALL, LEWIS, , ,

Mailing Address 466 LEE RD 601

City
PHENIX CITYState
ALZip Code
36870-7934FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INTERNAL MEDICINE ASSOCIATESOccupation (for Individual)
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2019

Transaction ID : SA11A.18190000

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

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

B. HALL, LEWIS, , ,

Mailing Address 466 LEE RD 601

City
PHENIX CITYState
ALZip Code
36870-7934FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INTERNAL MEDICINE ASSOCIATESOccupation (for Individual)
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2019

Transaction ID : SA11A.18230205

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

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

C. HALL, OLLABELLE, , MRS.,

Mailing Address 3603 MEADOW LAKE LANE

City
HOUSTONState
TXZip Code
77027-4110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

Transaction ID : SA11A.18217397

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ►

160.00

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