

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

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

FOR LINE NUMBER: PAGE 1989 OF 13346

(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. HICKS, LINDA, , ,**

Mailing Address 236 LIVERPOOL STREET

City  
MOUNT UNION

State  
PA

Zip Code  
17066-2051

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUNTINGDON CHRISTIAN ACADEMY

Occupation (for Individual)  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2019

Transaction ID : SA11A.18600082

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. HICKS, PATRICIA, B., MS.,**

Mailing Address 5605 RIDGEVIEW DRIVE

City  
TRUSSVILLE

State  
AL

Zip Code  
35173-2839

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 ▼

421.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2019

Transaction ID : SA11A.18579545

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. HICKS, SUSAN, , ,**

Mailing Address 7316 TOWNSEND VILLAGE LANE

City  
JACKSONVILLE

State  
FL

Zip Code  
32277-2583

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STATE OF FLORIDA

Occupation (for Individual)  
MEDICAL DISABILITY EXAMINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2019

Transaction ID : SA11A.18562795

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)..... ►

100.00