

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. KNOWLES, SCOTT, D., MR.,

Mailing Address 5945 MARYLEW LANE

City
DAYTON

State
OH

Zip Code
45415-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WOLF CREEK COMPANY

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.50

Date of Receipt

11 / 07 / 2019

Transaction ID : SA11A.18560457

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. KNOWLES, SCOTT, D., MR.,

Mailing Address 5945 MARYLEW LANE

City
DAYTON

State
OH

Zip Code
45415-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WOLF CREEK COMPANY

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.50

Date of Receipt

11 / 07 / 2019

Transaction ID : SA11A.18560961

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. KNOX, CAROL, , ,

Mailing Address 226 S. GLASSELL ST

City
ORANGE

State
CA

Zip Code
92866-1918

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KNOX INSURANCE

Occupation (for Individual)
INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 16 / 2019

Transaction ID : SA11A.18600940

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

150.00