

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

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

FOR LINE NUMBER: PAGE 5127 OF 13346

(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. PACHECO, SHIRLEY, , ,

Mailing Address 763 SCRANTON STREET

City
AURORAState
COZip Code
80011-6628FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KELLEY & CO HAIR DESIGN LLCOccupation (for Individual)
HAIR DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 03 / 2019

Transaction ID : SA11A.18534242

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

EARMARKED FROM WINRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2770648.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 03 / 2019

Transaction ID : SA11C.185342145428

Amount of Each Receipt this Period

25.00

☒ Memo Item
 CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

C. BARNES, DURHAM, , ,

Mailing Address 2509 INDIAN TRAIL

City
AUSTINState
TXZip Code
78703-2339FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTH TEXAS RETINAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 03 / 2019

Transaction ID : SA11A.18534244

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

EARMARKED FROM WINRED

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

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

75.00