

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

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

FOR LINE NUMBER: PAGE 178 OF 812

(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. HANGARIS, VIVIAN, , MS.,

Mailing Address 7519 E SAN MIGUEL AVE

City
SCOTTSDALEState
AZZip Code
85250-6468FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2017

Transaction ID : SA11A.16629066

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. HANNA, FRANK, J., MR., III

Mailing Address 5 CONCOURSE PKWY STE 200

City
ATLANTAState
GAZip Code
30328-6157FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

HANNA CAPITAL

Occupation (for Individual)

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2017

Transaction ID : SA11A.16682960

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

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

C. HANNA, MITCHELL, J., MR.,

Mailing Address 22410 EGBERT HILL DR.

City
GRASS VALLEYState
CAZip Code
95949-8997FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SUTTER HEALTH

Occupation (for Individual)

HOSPITAL CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2017

Transaction ID : SA11A.16640825

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

5500.00

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