

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER**  **CITY** **STATE** **ZIP CODE**  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day **POST-Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer

Signature of Treasurer  [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**NRCC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="1477269.92"/>	<input type="text" value="1477269.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6334001.01"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="17310849.85"/>	<input type="text" value="26806898.07"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="23644850.86"/>	<input type="text" value="28284167.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16708324.02"/>	<input type="text" value="21347641.15"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6936526.84"/>	<input type="text" value="6936526.84"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**NRCC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3795340.80	6108903.49
(ii) Unitemized .....	1144898.63	2982182.48
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4940239.43	9091085.97
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3341771.43	6500671.43
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	8282010.86	15591757.40
12. Transfers From Affiliated/Other Party Committees.....	1728328.18	2849881.75
13. All Loans Received .....	7000000.00	7000000.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	6002.92
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	300510.81	1359256.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	17310849.85	26806898.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17310849.85	26806898.07

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2622228.40	6364290.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2622228.40	6364290.64
22. Transfers to Affiliated/Other Party Committees.....	5000.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65000.00	65000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	14000000.00	14800000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	11000.00	41000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	11000.00	46000.00
29. Other Disbursements .....	5095.62	67350.51
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16708324.02	21347641.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16708324.02	21347641.15

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8282010.86	15591757.40
34. Total Contribution Refunds (from Line 28(d)) .....	11000.00	46000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8271010.86	15545757.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2622228.40	6364290.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	6002.92
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2622228.40	6358287.72

: 97 `A-G79 @05 B9CI G`H9LH`F9 @5 H98 `HC `5 `F9DCFH`G7 <98I @9 `CF `H9A-N5 HCB

Form/Schedule: F3XN  
Transaction ID :

All payments reported on Line 21b are operating and administrative payments solely benefiting and on behalf of the National Republican Congressional Committee. As such, they are not made on behalf of any specifically identified federal candidates, nor do they constitute public communications or voter drive activity containing express advocacy. Therefore, these disbursements are correctly reported on Schedule B for Line 21b, and do not require a Schedule B, Schedule E, or Schedule F for lines 23, 24 or 25. The Committee has reviewed all reimbursements for travel and subsistence and confirms all itemized memos are reported on Line 21b pursuant to the Commission regulations. The interest rate for the Committee's Line of Credit with Wells Fargo was LIBOR + 1.75%. The interest rate for the Committee's Line of Credit with Chain Bridge Bank is LIBOR + 2.8%, currently 3.07%. The Line of Credit draw at Chain Bridge Bank on 3/24 was repaid in full on 3/31/15. The Commission's software specifications do not permit text in the interest rate fields on Schedule C.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 756  
(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**

**A. JEFFREY ABBAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5312 NIAGARA LANE  
 City State Zip Code  
 PERRYSBURG OH 43551-7172  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BUCKEYE CABLESYSTEM EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15865505**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B. DR. JOSEPH A. ABOUD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 726 CONESTOGA RD  
 City State Zip Code  
 BRYN MAWR PA 19010-1256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854855**  
 Amount of Each Receipt this Period  
 4000.00  
 CONTRIBUTION

**C. CHARLOTTE ABELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3789 RUM ROW  
 City State Zip Code  
 NAPLES FL 34102-7847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852913**  
 Amount of Each Receipt this Period  
 190.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4690.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 8 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. CHARLOTTE ABELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3789 RUM ROW  
 City NAPLES State FL Zip Code 34102-7847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15859463**  
 Amount of Each Receipt this Period 190.00  
 CONTRIBUTION

**B. MR. KENNETH S. ABRAMOWITZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 958  
 City SOUTHPORT State CT Zip Code 06890-0958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NGN CAPITAL Occupation ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15854832**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**C. DR. MOHAMMAD AKBAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8468 HOLLY LEAF DR  
 City MCLEAN State VA Zip Code 22102-2225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N VA FAMILY MED CTR INC Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15872627**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1690.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HAROLD E. AKEN JR.**

Mailing Address 2607 LONG BOAT COURT

City State Zip Code  
PONTE VEDRA BEACH FL 32082-3708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851181**

Amount of Each Receipt this Period  
400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DON D. ALEXANDER**

Mailing Address 10010 W. PAWNEE ST.

City State Zip Code  
WICHITA KS 67215-1572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15839171**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JAMES W. ALEXANDER**

Mailing Address 85 JEFFREY PINE LANE

City State Zip Code  
CARSON CITY NV 89705-6837

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALEXANDER ENERGY GEN MGR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15842977**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JAMES W. ALEXANDER**

Mailing Address **85 JEFFREY PINE LANE**

City State Zip Code  
**CARSON CITY NV 89705-6837**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**ALEXANDER ENERGY GEN MGR**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**900.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**03 / 11 / 2015**

**Transaction ID : SA11.15850487**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. ANDRIA ALLEN**

Mailing Address **P.O. BOX 73**

City State Zip Code  
**SOUTH LANCASTER MA 01561-0073**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**NYPRO INC LABORER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**590.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**03 / 11 / 2015**

**Transaction ID : SA11.15850776**

Amount of Each Receipt this Period  
**160.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ANDRIA ALLEN**

Mailing Address **P.O. BOX 73**

City State Zip Code  
**SOUTH LANCASTER MA 01561-0073**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**NYPRO INC LABORER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**590.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**03 / 18 / 2015**

**Transaction ID : SA11.15859626**

Amount of Each Receipt this Period  
**20.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **280.00**

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

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

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

FOR LINE NUMBER: PAGE 11 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JACKIE ALLMON**  
 Mailing Address 175 COUNTY RD 4190  
 City SALEM State MO Zip Code 65560-8286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15847579**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JACKIE ALLMON**  
 Mailing Address 175 COUNTY RD 4190  
 City SALEM State MO Zip Code 65560-8286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15854014**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MARGARET ALMEIDA**  
 Mailing Address 420 BRAZORIA DR  
 City ALLEN State TX Zip Code 75013-4744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15874545**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 320.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 12 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DANIEL L. ALSAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2342 S BARKER RD  
 City GREENACRES State WA Zip Code 99016-9762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALSAKER CORP Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15850532**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. MRS. SUSAN ALTAMORE CARUSI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 203  
 City MILL NECK State NY Zip Code 11765-0203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15850531**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION

**C. MR. FRANCIS ALTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63 STRATFORD RD  
 City SCARSDALE State NY Zip Code 10583-4950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : SA11.15887957**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15100.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 13 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. SAMUEL AMBER</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 <b>Transaction ID : SA11.15872588</b>
Mailing Address 7763 DESIREE STREET		Amount of Each Receipt this Period 5000.00
City ALEXANDRIA	State VA	Zip Code 22315-6041
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer US GOVERNMENT	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. MS. CAROLINE A. AMPLATZ</b>		Date of Receipt MM / DD / YYYY 03 / 11 / 2015 <b>Transaction ID : SA11.15878314</b>
Mailing Address 1629 BOHNS POINT RD		Amount of Each Receipt this Period 233800.00
City WAYZATA	State MN	Zip Code 55391-9310
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233800.00	REDESIGNATION REQUESTED (AUTOMATIC)

Full Name (Last, First, Middle Initial) <b>C. MR. CHARLES M. ANDERSON</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2015 <b>Transaction ID : SA11.15850434</b>
Mailing Address 1001 ARBOR LAKE DR UNIT 903		Amount of Each Receipt this Period 100.00
City NAPLES	State FL	Zip Code 34110-7080
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	238900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 14 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 (Last, First, Middle Initial) <b>A. COLIN ANDERSON</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 <b>Transaction ID : SA11.15869701</b>
Mailing Address 471 FLETCHER DRIVE		Amount of Each Receipt this Period 5000.00
City ATHERTON	State CA	Zip Code 94027-6411
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer PALANTIR	Occupation FINANCIAL ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. MR. DAVID GROVER ANDERSON</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2015 <b>Transaction ID : SA11.15885701</b>
Mailing Address P.O. BOX 7300		Amount of Each Receipt this Period 500.00
City INCLINE VILLAGE	State NV	Zip Code 89450-7300
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer BDC ADVISORS, LLC	Occupation HEALTHCARE CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. MR. LARRY W. ANDERSON</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : SA11.15859959</b>
Mailing Address P.O. BOX 7726		Amount of Each Receipt this Period 100.00
City HORSESHOE BAY	State TX	Zip Code 78657-7726
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. LARRY W. ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 7726  
 City HORSESHOE BAY State TX Zip Code 78657-7726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15870879**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MR. LARRY W. ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 7726  
 City HORSESHOE BAY State TX Zip Code 78657-7726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15879292**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. ROBERT T. ANDERSON JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2564 RED OAK CT  
 City ALLISON PARK State PA Zip Code 15101-2149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : SA11.15873102**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 16 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DR. WILLIAM P. ANDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4644 BLUEBONNET ROAD

City State Zip Code  
BATON ROUGE LA 70809-2647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GASTROENTEROLOGY ASSOCIATE PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : SA11.15864667**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B. MR. HOWARD APPEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1305 VIA ALTA

City State Zip Code  
DEL MAR CA 92014-2546

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MILLENNIUM HEALTH PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2300.00

Date of Receipt  
03 / 26 / 2015  
**Transaction ID : SA11.15878330**

Amount of Each Receipt this Period  
2300.00

CONTRIBUTION

**C. MS. MARIA P. ARCINIEGA-RUIZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 PALMETTO ST APT 2R

City State Zip Code  
BROOKLYN NY 11221-4987

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  
03 / 23 / 2015  
**Transaction ID : SA11.15866370**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 17 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. MARIA P. ARCINIEGA-RUIZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 PALMETTO ST APT 2R  
 City State Zip Code  
 BROOKLYN NY 11221-4987  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 415.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15866408**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**B. MS. MARIA P. ARCINIEGA-RUIZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 PALMETTO ST APT 2R  
 City State Zip Code  
 BROOKLYN NY 11221-4987  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 415.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.15870071**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MR. FEROLD G. AREND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 OLD WHAYNE RD  
 City State Zip Code  
 BENTONVILLE AR 72712-5434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851893**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	285.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOHN AREND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6303 E 108TH ST  
 City TULSA State OK Zip Code 74137-8905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15845839**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B. MR. JOHN R. AREND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1887 E. 71ST  
 City TULSA State OK Zip Code 74136-3922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INTER CHEM EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11.15849120**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C. MRS. MADELEINE ARISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9999 COLLINS AVENUE  
 APARTMENT 15GJ  
 City BAL HARBOUR State FL Zip Code 33154-1839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARNIVAL CRUISE LINE C.E.O.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878375**  
 Amount of Each Receipt this Period  
 4000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 756
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MICKY ARISON**

Mailing Address 9999 COLLINS AVENUE  
APARTMENT 15G

City BAL HARBOUR State FL Zip Code 33154-1839

FEC ID number of contributing federal political committee. **C**

Name of Employer CARNIVAL CRUISE LINE Occupation CHAIRMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA11.15878376**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. R. S. ARMSTRONG**

Mailing Address PO BOX 686

City LOS OLIVOS State CA Zip Code 93441-0686

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 03 / 2015  
**Transaction ID : SA11.15840686**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. PATRICIA C. ARNELL**

Mailing Address 4491 E FORT LOWELL RD.

City TUCSON State AZ Zip Code 85712-1106

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
03 / 09 / 2015  
**Transaction ID : SA11.15849048**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5450.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. PATRICIA C. ARNELL**

Mailing Address 4491 E FORT LOWELL RD.

City State Zip Code  
TUCSON AZ 85712-1106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.15870265**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. CHARLES B. ARRINGTON JR.**

Mailing Address 800 ST CHRISTOPHERS RD

City State Zip Code  
RICHMOND VA 23226-2711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15854162**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. SHEILA ASHKIN**

Mailing Address 7282 FISHER ISLAND DR

City State Zip Code  
MIAMI FL 33109-0762

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15853013**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. RONNIE L. ASTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 101ST ST  
 City LUBBOCK State TX Zip Code 79423-5725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2015  
**Transaction ID : SA11.15840737**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. MR. JOHN E. ATKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 333 TEXAS STREET SUITE 2300  
 City SHREVEPORT State LA Zip Code 71101-3680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ATCO INVESTMENT COMPANY Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15854841**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**C. DR. SAIRAM ATLARI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7655 FIVE MILE RD. SUITE 117  
 City CINCINNATI State OH Zip Code 45230-4326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRI STATE PAIN MANAGEMENT Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15874705**  
 Amount of Each Receipt this Period 2000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 22 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. TOUFIC BAAKLINI**

Mailing Address **606 UPHAM PL. N.W.**

City State Zip Code  
**VIENNA VA 22180-4127**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SELF-EMPLOYED CONSULTANT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**10000.00**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : SA11.15874700**

Amount of Each Receipt this Period  
**10000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. KEVIN H. BAINES**

Mailing Address **2275 HUNTINGTON DRIVE  
BOX 219**

City State Zip Code  
**SAN MARINO CA 91108-2640**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**CALTECH/JPL RESEARCH SCIENTIST**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**301.00**

Date of Receipt  
**03 / 10 / 2015**

**Transaction ID : SA11.15849740**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. BRIAN S. BAKKEN**

Mailing Address **PO BOX 184**

City State Zip Code  
**AXIS AL 36505-0184**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**TES COMPANY CONTRACTING OWNER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**10000.00**

Date of Receipt  
**03 / 25 / 2015**

**Transaction ID : SA11.15872601**

Amount of Each Receipt this Period  
**10000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **20100.00**

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

**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)	PAGE 23 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DR. SANJAY BAKSHI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 167 CRAWFORD CORNER RD  
City HOLMDEL State NJ Zip Code 07733-2246  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MANHATTAN SPINE AND PAIN Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15874711**  
Amount of Each Receipt this Period 2500.00  
CONTRIBUTION

**B. MRS. IMELDA D. BAMBERY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20941 SAILMAKER CIR.  
City HUNTINGTON BEACH State CA Zip Code 92648-5272  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 620.00

Date of Receipt 03 / 04 / 2015  
**Transaction ID : SA11.15843895**  
Amount of Each Receipt this Period 310.00  
CONTRIBUTION

**C. VICTOR AUGUSTE BARBEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 141 PAINTBRUSH PATH  
City NEW BRAUNFELS State TX Zip Code 78132-3347  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CHEVRON Occupation ENGINEERING  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15855128**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2910.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 24 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DAVID E. BARENSFELD**

Mailing Address P.O. BOX 889  
600 COMMERCIAL AVE

City State Zip Code  
ELLWOOD CITY PA 16117-0889

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ELLWOOD GROUP, INC. PRESIDENT & C.E.O.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15846225**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT BARENSFELD**

Mailing Address 581 CHAPEL DRIVE

City State Zip Code  
ELLWOOD CITY PA 16117-4601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ELLWOOD GROUP, INC. CHAIRMAN OF BOARD

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878345**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. SOL J. BARER**

Mailing Address 2 BARER LANE

City State Zip Code  
MENDHAM NJ 07945-2205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15865528**

Amount of Each Receipt this Period  
33400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 53400.00

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



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

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

FOR LINE NUMBER: PAGE 25 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. DARLA S. BARGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3210 GOLDSBORO STREET  
 City SAN ANTONIO State TX Zip Code 78230-4436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA11.15878321**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. C. L. BARLOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 850  
 City MINEOLA State TX Zip Code 75773-0850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 11 / 2015  
**Transaction ID : SA11.15850627**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**C. MR. JOHN F. BARNA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 HEATHER COURT  
 City PALM DESERT State CA Zip Code 92260-6748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15874422**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 26 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. GILL A. BARNETT**  
 Mailing Address 12 MAUCHLY STE I  
 City State Zip Code  
 IRVINE CA 92618-6302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PARKING CONCEPTS, INC. PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874446**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. EDWARD BARRERA**  
 Mailing Address 4650 FLAT ROCK CT.  
 City State Zip Code  
 FORT WORTH TX 76132-2010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15863046**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. EDWARD BARRERA**  
 Mailing Address 4650 FLAT ROCK CT.  
 City State Zip Code  
 FORT WORTH TX 76132-2010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.15865273**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 630.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 27 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. EARLES S. BATES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 KENDAL DR APT 214  
 City LEXINGTON State VA Zip Code 24450-1791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15852698**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MR. EARLES S. BATES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 KENDAL DR APT 214  
 City LEXINGTON State VA Zip Code 24450-1791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA11.15872693**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. BERNICE BAUMGARDNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 607 MOUNTAIN LINKS DR.  
 City HENDERSON State NV Zip Code 89012-6147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 03 / 18 / 2015  
**Transaction ID : SA11.15858421**  
 Amount of Each Receipt this Period 155.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 355.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 28 OF 756  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. GLADYS L. BEAL**  
Mailing Address 206 BROKAW CT  
City BRIDGEWATER State NJ Zip Code 08807-3527  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
03 / 23 / 2015  
**Transaction ID : SA11.1586047**  
Amount of Each Receipt this Period  
70.00  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. PETER W. BEALL**  
Mailing Address 2929 S WATERFORD DR APT 113  
City SPOKANE State WA Zip Code 99203-4401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
03 / 03 / 2015  
**Transaction ID : SA11.15840747**  
Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. WILLIAM BEAN**  
Mailing Address 23402 HOLLY HOLLOW ST.  
City TOMBALL State TX Zip Code 77377-3685  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FS Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
03 / 17 / 2015  
**Transaction ID : SA11.15885700**  
Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 570.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 29 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MS. ANGELA BECK</b>		Date of Receipt
Mailing Address 3750 PARIS PIKE		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
LEXINGTON	KY	40511-9411
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.15854848</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
POMEGRANATE INC.	PRESIDENT	<input type="text" value="32500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="32500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DR. DAVID BECK</b>		Date of Receipt
Mailing Address 64 ROSEVILLE RD		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
WESTPORT	CT	06880-3714
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.15849284</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	SELF-EMPLOYED	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="620.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DR. DAVID BECK</b>		Date of Receipt
Mailing Address 64 ROSEVILLE RD		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
WESTPORT	CT	06880-3714
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.15863068</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	SELF-EMPLOYED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="620.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="33100.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 30 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. STORMI BECK**  
 Mailing Address 1769 FM 177 E  
 City JACKSONVILLE State TX Zip Code 75766-0918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JACOBRA ENERGY SERVICES Occupation BOOKEEPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15859228**  
 Amount of Each Receipt this Period  
 225.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CLAIRE BEERS**  
 Mailing Address 5100 JOHN D RYAN #522  
 City SAN ANTONIO State TX Zip Code 78245-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15846381**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. CLAIRE BEERS**  
 Mailing Address 5100 JOHN D RYAN #522  
 City SAN ANTONIO State TX Zip Code 78245-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15854505**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 31 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. CLAIRE BEERS**

Mailing Address 5100 JOHN D RYAN #522

City SAN ANTONIO State TX Zip Code 78245-

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15859553**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. CATHERINE G. BENFIELD PH.D.**

Mailing Address 849 ISLAND POINT LANE

City CHAPIN State SC Zip Code 29036-7602

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1005.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15842021**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. CATHERINE G. BENFIELD PH.D.**

Mailing Address 849 ISLAND POINT LANE

City CHAPIN State SC Zip Code 29036-7602

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1005.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2015  
**Transaction ID : SA11.15846100**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

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

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

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

FOR LINE NUMBER: PAGE 32 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. CATHERINE G. BENFIELD PH.D.**  
 Mailing Address 849 ISLAND POINT LANE  
 City State Zip Code  
 CHAPIN SC 29036-7602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED SELF-EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1005.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875941**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JAMES BENNETT**  
 Mailing Address 35818 SE CREST VIEW LOOP  
 City State Zip Code  
 SNOQUALMIE WA 98065-8916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15839164**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JAMES BENNETT**  
 Mailing Address 35818 SE CREST VIEW LOOP  
 City State Zip Code  
 SNOQUALMIE WA 98065-8916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.15873185**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 33 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. JOAN BENNETT**

Mailing Address 5 SILOPANNA RD

City State Zip Code  
ANNAPOLIS MD 21403-1108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15873293**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. RAMSIN M. BENYAMIN M.D.**

Mailing Address 5 WORTHINGTON CT

City State Zip Code  
BLOOMINGTON IL 61704-2794

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MILLENNIUM PAIN CENTER PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874709**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. GEORGE BENZING III**

Mailing Address 2324 MADISON RD.  
APARTMENT 1408

City State Zip Code  
CINCINNATI OH 45208-5502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHILDRENS HOSPITAL PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15842728**

Amount of Each Receipt this Period  
225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1325.00

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

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

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

FOR LINE NUMBER: PAGE 34 OF 756  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HENRY BERCU TT**  
Mailing Address 266 SUGARBERRY CIRCLE  
City HOUSTON State TX Zip Code 77024-7211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 335.00

Date of Receipt 03 / 08 / 2015  
**Transaction ID : SA11.15846113**  
Amount of Each Receipt this Period 20.00  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HENRY BERCU TT**  
Mailing Address 266 SUGARBERRY CIRCLE  
City HOUSTON State TX Zip Code 77024-7211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 335.00

Date of Receipt 03 / 19 / 2015  
**Transaction ID : SA11.15859815**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HENRY BERCU TT**  
Mailing Address 266 SUGARBERRY CIRCLE  
City HOUSTON State TX Zip Code 77024-7211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 335.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : SA11.15869747**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 35 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HENRY BERCUIT**

Mailing Address **266 SUGARBERRY CIRCLE**

City State Zip Code  
**HOUSTON TX 77024-7211**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**335.00**

Date of Receipt  
**03 / 25 / 2015**  
**Transaction ID : SA11.15870756**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DEAN M. BERG**

Mailing Address **10167 NORTH CARRISTO DRIVE**

City State Zip Code  
**TUCSON AZ 85737-9487**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**800.00**

Date of Receipt  
**03 / 09 / 2015**  
**Transaction ID : SA11.15849069**

Amount of Each Receipt this Period  
**400.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DEAN M. BERG**

Mailing Address **10167 NORTH CARRISTO DRIVE**

City State Zip Code  
**TUCSON AZ 85737-9487**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**800.00**

Date of Receipt  
**03 / 09 / 2015**  
**Transaction ID : SA11.15849072**

Amount of Each Receipt this Period  
**400.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **825.00**

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

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

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

FOR LINE NUMBER: PAGE 36 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. GRACE BERG**

Mailing Address 10167 N CARRISTO DR

City State Zip Code  
TUCSON AZ 85737-9487

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852541**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. PEGGY L. BERGMANN**

Mailing Address 8879 PROMONTORY RANCH ROAD

City State Zip Code  
PARK CITY UT 84098-6290

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DELTA PEGASUS MGT LLC INVESTMENTS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2015  
**Transaction ID : SA11.15873538**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. PEGGY L. BERGMANN**

Mailing Address 8879 PROMONTORY RANCH ROAD

City State Zip Code  
PARK CITY UT 84098-6290

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DELTA PEGASUS MGT LLC INVESTMENTS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2015  
**Transaction ID : SA11.15873539**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2200.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. PEGGY L. BERGMANN**

Mailing Address **8879 PROMONTORY RANCH ROAD**

City State Zip Code  
**PARK CITY UT 84098-6290**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**DELTA PEGASUS MGT LLC INVESTMENTS**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**850.00**

Date of Receipt  
**03 / 31 / 2015**  
**Transaction ID : SA11.15880425**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DOROTHY BERRY**

Mailing Address **3855 S ATLANTIC AVE APT 904**

City State Zip Code  
**DAYTONA BEACH FL 32118-7775**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**616.00**

Date of Receipt  
**03 / 04 / 2015**  
**Transaction ID : SA11.15844397**

Amount of Each Receipt this Period  
**150.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DOROTHY BERRY**

Mailing Address **3855 S ATLANTIC AVE APT 904**

City State Zip Code  
**DAYTONA BEACH FL 32118-7775**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**616.00**

Date of Receipt  
**03 / 10 / 2015**  
**Transaction ID : SA11.15849689**

Amount of Each Receipt this Period  
**160.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **410.00**

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

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

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

FOR LINE NUMBER: PAGE 38 OF 756  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. YVONNE R. BERRY**  
Mailing Address 1019 VAN SICLEN AVE.  
APT. 5J  
City State Zip Code  
BROOKLYN NY 11207-9035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED RETIRED  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
03 / 27 / 2015  
**Transaction ID : SA11.15872399**  
Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DAVID J. BERTOCH**  
Mailing Address 3406 ROLLING TERRACE DR.  
City State Zip Code  
SPRING TX 77388-5159  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
ATTORNEY EXXONMOBIL  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 06 / 2015  
**Transaction ID : SA11.15845144**  
Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DAVID J. BERTOCH**  
Mailing Address 3406 ROLLING TERRACE DR.  
City State Zip Code  
SPRING TX 77388-5159  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
ATTORNEY EXXONMOBIL  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 30 / 2015  
**Transaction ID : SA11.15873389**  
Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 39 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. RANDY BEST**  
 Mailing Address 2200 ROSS AVE, STE 3800  
 City State Zip Code  
 DALLAS TX 75201-7967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BEST MERCHANT PARTNERS BUSINESS OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878341**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HARRY BETTIS**  
 Mailing Address P.O. BOX 7  
 City State Zip Code  
 EMMETT ID 83617-0007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS RANCHER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15862812**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. G C. BEWALL**  
 Mailing Address P.O. BOX 9  
 City State Zip Code  
 DIABLO CA 94528-0009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15879355**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10800.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 40 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. ADOLPH L. BEYERLEIN</b>		Date of Receipt
Mailing Address 103 FOUR LAKES DRIVE		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City State Zip Code EASLEY SC 29642-3305		<b>Transaction ID : SA11.15839329</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Occupation RETIRED RETIRED		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>B. MR. ADOLPH L. BEYERLEIN</b>		Date of Receipt
Mailing Address 103 FOUR LAKES DRIVE		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City State Zip Code EASLEY SC 29642-3305		<b>Transaction ID : SA11.15843739</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer Occupation RETIRED RETIRED		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>C. MR. HAROLD BEZNOS</b>		Date of Receipt
Mailing Address 31731 NORTHWESTERN HIGHWAY SUITE 250W		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code FARMINGTON HILLS MI 48334-1668		<b>Transaction ID : SA11.15869810</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10000.00"/>
Name of Employer Occupation OWNER: BEZTAK COMPANIES REAL ESTATE DEVELOPER		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="10150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

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

FOR LINE NUMBER: PAGE 41 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. KATHERINE R. BIRCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 744 SO. OAK ST.  
 City HINSDALE State IL Zip Code 60521-4636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15875844**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**B. LARRY BIRD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2920 NE CONNERS AVE STE 324  
 City BEND State OR Zip Code 97701-7918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.15865840**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. LARRY BIRD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2920 NE CONNERS AVE STE 324  
 City BEND State OR Zip Code 97701-7918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15875579**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 OF 756
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. ARTHUR BIRNEY</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2015 <b>Transaction ID : SA11.15846584</b>
Mailing Address 888 17TH ST NW		Amount of Each Receipt this Period 250.00
City WASHINGTON	State DC	Zip Code 20006-3315
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MARK BISSETTE</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : SA11.15854844</b>
Mailing Address 6091 GRINSTED COURT		Amount of Each Receipt this Period 2000.00
City GREENSBORO	State NC	Zip Code 27455-8391
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. MR. RICHARD H. BITTMAN</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2015 <b>Transaction ID : SA11.15846764</b>
Mailing Address 2403 TECKLA BLVD		Amount of Each Receipt this Period 100.00
City AMARILLO	State TX	Zip Code 79106-6022
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DR. DAVID L. BLACK**  
 Mailing Address 819 PLANTATION BOULEVARD  
 City State Zip Code  
 GALLATIN TN 37066-4497  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AEGIS SCIENCES TOXICOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15865527**  
 Amount of Each Receipt this Period  
 33400.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. BRUCE H. BLAKEY**  
 Mailing Address P.O. BOX 7201  
 City State Zip Code  
 WOODINVILLE WA 98072-4001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WESMAR EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877734**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ERNEST R. BLEVINS**  
 Mailing Address 134 SUZANNE LANE  
 City State Zip Code  
 LURAY VA 22835-6029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 355.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15856023**  
 Amount of Each Receipt this Period  
 120.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 34020.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 44 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ALLAN J. BLOCK**

Mailing Address **235 14TH STREET**

City State Zip Code  
**TOLEDO OH 43604-5401**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**BLOCK COMMUNICATIONS INC. MEDIA EXECUTIVE**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**10000.00**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : SA11.15878381**

Amount of Each Receipt this Period  
**10000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ALEX BLYUMKIN**

Mailing Address **1714 STONE CANYON ROAD**

City State Zip Code  
**LOS ANGELES CA 90077-1915**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**MCW ENERGY GROUP CHAIRMAN OF THE BOARD**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**16000.00**

Date of Receipt  
**03 / 16 / 2015**

**Transaction ID : SA11.15854515**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. LEONARD B. BOEHNER**

Mailing Address **767 3RD AVE. #4**

City State Zip Code  
**NEW YORK NY 10017-9029**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**MORE & MCVEIGH ATTORNEY**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**03 / 30 / 2015**

**Transaction ID : SA11.15877879**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **11500.00**

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

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

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

FOR LINE NUMBER: PAGE 45 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. LYDIA BOESCH**  
 Mailing Address 35 MCMICHAEL DRIVE  
 City State Zip Code  
 PINEHURST NC 28374-6702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15859781**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MILLARD T. BOLDMAN**  
 Mailing Address 24884 JIM BRIDGER RD  
 City State Zip Code  
 HIDDEN HILLS CA 91302-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15867179**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. EVAN BOLSTER**  
 Mailing Address 378 HARRISON KING LN  
 APT 1  
 City State Zip Code  
 BERE A KY 40403-1993  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 THE FRESH MARKET CLERK  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15846355**  
 Amount of Each Receipt this Period  
 125.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 46 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JEFFREY BOND**  
 Mailing Address 7287 EVANS MILL ROAD  
 City State Zip Code  
 MCLEAN VA 22101-3426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PHRMA SENIOR VICE PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881275**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JAMES BOOTH**  
 Mailing Address 286 OLD MIDDLEFORK  
 P.O. BOX 1387  
 City State Zip Code  
 INEZ KY 41224-8996  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BEECH FORK PROCESSING, INC PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 30000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854835**  
 Amount of Each Receipt this Period  
 30000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. PEGGY BOOTH**  
 Mailing Address 1117 SPRING COULEE LN  
 City State Zip Code  
 HIGHWOOD MT 59450-8772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15869308**  
 Amount of Each Receipt this Period  
 190.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 31190.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 47 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. RICHARD BOOTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2008 W. BROADWAY STREET  
 City MISSOULA State MT Zip Code 59808-1818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15841389**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**B. MR. ROBERT L. BORDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2375 RANGE AVE APT 177  
 City SANTA ROSA State CA Zip Code 95403-9438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15839198**  
 Amount of Each Receipt this Period  
 125.00  
 CONTRIBUTION

**C. MR. HOWARD BOSCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2395 REDWOOD AVE.-SPACE 78 # 78  
 City GRANTS PASS State OR Zip Code 97527-6258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15859797**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 435.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 48 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HOWARD BOSCH**

Mailing Address 2395 REDWOOD AVE.-SPACE 78  
# 78

City State Zip Code  
GRANTS PASS OR 97527-6258

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15870580**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HOWARD BOSCH**

Mailing Address 2395 REDWOOD AVE.-SPACE 78  
# 78

City State Zip Code  
GRANTS PASS OR 97527-6258

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15872467**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. DORIS M. BOUCHER**

Mailing Address 220 SAINT MARYS DR., ROOM 324

City State Zip Code  
CHERRY HILL NJ 08003-2577

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875418**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 270.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 756
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. EMILY BOUWMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4754 CHARLESTON CT  
City HOLLAND State MI Zip Code 49423-8719  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 352.00

Date of Receipt  
03 / 10 / 2015  
**Transaction ID : SA11.15849727**  
Amount of Each Receipt this Period  
150.00  
CONTRIBUTION

**B. MR. CHRIS BOWEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 131 OLD COLONY RD.  
City EASTFORD State CT Zip Code 06242-9456  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
EASTFORD FIRE & RESCUE SALES, INC. BUSINESS OWNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
03 / 09 / 2015  
**Transaction ID : SA11.15846408**  
Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**C. MR. CHRIS BOWEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 131 OLD COLONY RD.  
City EASTFORD State CT Zip Code 06242-9456  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
EASTFORD FIRE & RESCUE SALES, INC. BUSINESS OWNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : SA11.15852972**  
Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 50 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. CHRIS BOWEN**  
 Mailing Address 131 OLD COLONY RD.  
 City EASTFORD State CT Zip Code 06242-9456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EASTFORD FIRE & RESCUE SALES, INC. Occupation BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15854577**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. BILL J. BOWLING**  
 Mailing Address 2719 BRANDEBERRY RD  
 City FOSTORIA State OH Zip Code 44830-9730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BOWLING TRANSPORTAION INC Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15846556**  
 Amount of Each Receipt this Period  
 205.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. BURTON BOYAR**  
 Mailing Address 10450 WILSHIRE BOULEVARD  
 PH-E  
 City LOS ANGELES State CA Zip Code 90024-4638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation AUTHOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15874554**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 555.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 51 OF 756
<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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MS. BURTON BOYAR</b>		Date of Receipt
Mailing Address 10450 WILSHIRE BOULEVARD PH-E		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City State Zip Code LOS ANGELES CA 90024-4638		<b>Transaction ID : SA11.15880081</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Occupation SELF-EMPLOYED AUTHOR		<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>

Full Name (Last, First, Middle Initial) <b>B. DEBBIE BOYD</b>		Date of Receipt
Mailing Address PO BOX 1739		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code PORT LAVACA TX 77979-1739		<b>Transaction ID : SA11.15872609</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="32400.00"/>
Name of Employer Occupation RLB CONTRACTING OWNER		<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="32400.00"/>

Full Name (Last, First, Middle Initial) <b>C. MR. ROBERT BOYE</b>		Date of Receipt
Mailing Address 4330 SOUTH MANHATTAN AVE.		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City State Zip Code TAMPA FL 33611-1304		<b>Transaction ID : SA11.15854914</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer Occupation HOYE'S PHARMACY PRESIDENT		<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="35000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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)	PAGE 52 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DAVID W. BOYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4554 MAGNOLIA MANOR WAY  
THIRTEENTH STREET NW WASHINGTON, D

City ALEXANDRIA State VA Zip Code 22312-1400

FEC ID number of contributing federal political committee. **C**

Name of Employer BGR GOVERNMENT AFFAIRS Occupation GOVERNMENT AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA11.15881264**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B. MR. CURTIS F. BRADBURY JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 EDGEHILL ROAD

City LITTLE ROCK State AR Zip Code 72207-5444

FEC ID number of contributing federal political committee. **C**

Name of Employer STEPHENS INC. Occupation C.E.O.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
03 / 23 / 2015  
**Transaction ID : SA11.15869795**

Amount of Each Receipt this Period  
33400.00

CONTRIBUTION

**C. GWEN BRADEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 533 S VEACH AVENUE

City MANTECA State CA Zip Code 95337-5443

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 09 / 2015  
**Transaction ID : SA11.15846385**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 34425.00

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

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

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

FOR LINE NUMBER: PAGE 53 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. GWEN BRADEN**  
 Mailing Address 533 S VEACH AVENUE  
 City State Zip Code  
 MANTECA CA 95337-5443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2015  
**Transaction ID : SA11.15853154**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DAVID M. BRAND**  
 Mailing Address 114 GREEN LN  
 City State Zip Code  
 HAVERFORD PA 19041-2026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TARSA THERAPEUTICS EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15846553**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DAVID M. BRAND**  
 Mailing Address 114 GREEN LN  
 City State Zip Code  
 HAVERFORD PA 19041-2026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TARSA THERAPEUTICS EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851608**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 54 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DAVID M. BRAND**  
 Mailing Address 114 GREEN LN  
 City State Zip Code  
 HAVERFORD PA 19041-2026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TARSA THERAPEUTICS EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15872798**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. SUMMER BRAVO**  
 Mailing Address 325 7TH STREET NW, SUITE 550  
 City State Zip Code  
 WASHINGTON DC 20004-2833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 XCEL ENERGY CONSULTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15864478**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. WILLIAM D. BRETHAUER**  
 Mailing Address 309 N BIRCH ST  
 City State Zip Code  
 YUMA CO 80759-1405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED SELF-EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15849701**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 55 OF 756  
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. WILLIAM BRIDGES**

Mailing Address 1321 WATERSIDE LANE

City State Zip Code  
KNOXVILLE TN 37922-5367

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pll ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2015  
**Transaction ID : SA11.15871287**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. TUCKER S. BRIDWELL**

Mailing Address 1600 COUNTRY CLUB DRIVE

City State Zip Code  
MIDLAND TX 79701-5715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED PETROLEUM ENGINNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2015  
**Transaction ID : SA11.15865516**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. MARILYN R. BRODD**

Mailing Address 5012 HERMITAGE DRIVE

City State Zip Code  
RALEIGH NC 27612-2714

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015  
**Transaction ID : SA11.15880164**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5550.00

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

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

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

FOR LINE NUMBER: PAGE 56 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. FLORINE T. BROGOITTI**  
 Mailing Address 9839 RIDBEHAVEN DR  
 City State Zip Code  
 DALLAS TX 75238-2620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 03 / 26 / 2015  
**Transaction ID : SA11.15872437**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JEFF BROIN**  
 Mailing Address 809 W. 3RD STREET  
 City State Zip Code  
 DELL RAPIDS SD 57022-1814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BROIN COMPANY CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

Date of Receipt  
 03 / 13 / 2015  
**Transaction ID : SA11.15854737**  
 Amount of Each Receipt this Period  
 15000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ELIZABETH BROOKS**  
 Mailing Address 7500 WOODMONT AVE, #714  
 City State Zip Code  
 BETHESDA MD 20814-5375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VENN STRATEGIES, LLC GOVERNMENTAL AFFAIRS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 22 / 2015  
**Transaction ID : SA11.15864870**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15150.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 57 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. RONALD E. BROTHERS JR.**

Mailing Address 1700 DALTON RD

City State Zip Code  
PALOS VERDES ESTATES CA 90274-1837

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15848137**

Amount of Each Receipt this Period  
225.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ARTHUR W. BROUGHTON**

Mailing Address 156 GULFSTREAM DR

City State Zip Code  
JUPITER FL 33469-2085

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15863136**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. DAVID G. BROWN**

Mailing Address 950 TIMBER GLEN LN

City State Zip Code  
WILMINGTON OH 45177-2512

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15850533**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1475.00

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

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

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

FOR LINE NUMBER: PAGE 58 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JAMES A. BROWN JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1051 CLARK STREET  
 City ABINGDON State VA Zip Code 24210-2052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PARAMONT COMPANIES Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15846224**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. MR. LAWRENCE BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13301 CHESTNUT OAK D  
 City GAITHERSBURG State MD Zip Code 20878-3543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAID Occupation HR ADVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15862135**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MR. LAWRENCE BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13301 CHESTNUT OAK D  
 City GAITHERSBURG State MD Zip Code 20878-3543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAID Occupation HR ADVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15871790**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 59 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. LAWRENCE BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13301 CHESTNUT OAK D  
 City State Zip Code  
 GAITHERSBURG MD 20878-3543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 USAID HR ADVISOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872253**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MR. LAWRENCE BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13301 CHESTNUT OAK D  
 City State Zip Code  
 GAITHERSBURG MD 20878-3543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 USAID HR ADVISOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874379**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MR. OSCAR D. BROWN JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2459 LAKEVIEW CIR.  
 City State Zip Code  
 ARLINGTON TX 76013-3327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FAA SAFETY INSPECTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15848788**  
 Amount of Each Receipt this Period  
 260.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 460.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 60 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT BROWN**  
 Mailing Address 2504 100TH AVE  
 City OSCEOLA State WI Zip Code 54020-4206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15841007**  
 Amount of Each Receipt this Period  
 375.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT E. BROWN**  
 Mailing Address 7 CHARLESTON ST. S  
 City SUGAR LAND State TX Zip Code 77478-3656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SAG ENTERPRISES Occupation SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15855164**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ROBERT P. BROWN**  
 Mailing Address 5102 FAIRLAWN CRESCENT CT.  
 City CHARLOTTE State NC Zip Code 28226-3323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852896**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 61 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT P. BROWN**  
 Mailing Address 5102 FAIRLAWN CRESCENT CT.  
 City State Zip Code  
 CHARLOTTE NC 28226-3323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15869562**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. STACEY BROWN**  
 Mailing Address 6500 COUNTY RD. 315  
 City State Zip Code  
 SILT CO 81652-8600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PREFERRED LIMOUSINE CHAUFFEUR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15885841**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. JEAN BRUCE**  
 Mailing Address 5100 JOHN D RYAN BLVD APT 1902  
 City State Zip Code  
 SAN ANTONIO TX 78245-3510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.15843693**  
 Amount of Each Receipt this Period  
 85.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 62 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. JEAN BRUCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5100 JOHN D RYAN BLVD APT 1902  
 City SAN ANTONIO State TX Zip Code 78245-3510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.15864731**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MRS. JEAN BRUCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5100 JOHN D RYAN BLVD APT 1902  
 City SAN ANTONIO State TX Zip Code 78245-3510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15874469**  
 Amount of Each Receipt this Period 85.00  
 CONTRIBUTION

**C. MR. PHILLIP BRUNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 7  
 City SHIRO State TX Zip Code 77876-0007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2015  
**Transaction ID : SA11.15843727**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 635.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 63 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. SEAN BRUSHETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8713 PALERMO CIRCLE  
 City State Zip Code  
 MONCLOVA OH 43542-8622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BUCKEYE CABLESYSTEM CMO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15859800**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. MR. FREDERICK E. BRYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8980INDIANRIDGELN  
 City State Zip Code  
 CINCINNATI OH 45243-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15870705**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. DR. DAVID BRYCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7329 SUMMIT RIDGE RD.  
 City State Zip Code  
 MIDDLETON WI 53562-5312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 APM PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874707**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 64 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. W. P. BUCKTHAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 S LINCOLN ST  
 City AMARILLO State TX Zip Code 79101-3638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PETROLEUM GEOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 04 / 2015  
**Transaction ID : SA11.15844381**  
 Amount of Each Receipt this Period 450.00  
 CONTRIBUTION

**B. IBRAHIM BULUT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5903 REAMER STREET  
 City HOUSTON State TX Zip Code 77074-7633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CAREFUL AUTO CARE Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15872617**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**C. JOHN THOMAS BURCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1015 N PELHAM ST.  
 City ALEXANDRIA State VA Zip Code 22304-1905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US GOVERNMENT Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : SA11.15841197**  
 Amount of Each Receipt this Period 105.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5555.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 65 OF 756  
(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**

**A. MR. ROGER BURDICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5885 E CIRCLE DR  
 City State Zip Code  
 CICERO NY 13039-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872600**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. MR. STEVE BURGESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 686  
 City State Zip Code  
 GARDEN CITY KS 67846-0686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GARDEN SPOUT RENTALS LANDLORD  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.15840692**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**C. MR. REESE BURKENBINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 81097 ROLLINS LN  
 City State Zip Code  
 HERMISTON OR 97838-6281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 488.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15848875**  
 Amount of Each Receipt this Period  
 488.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5788.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 66 OF 756  
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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. WILLIAM BURKE**

Mailing Address 325 N. ST. PAUL ST., STE. 4150

City State Zip Code  
DALLAS TX 75201-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15852973**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WILLIAM BURKE**

Mailing Address 325 N. ST. PAUL ST., STE. 4150

City State Zip Code  
DALLAS TX 75201-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15870770**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. WILLIAM BURKE**

Mailing Address 325 N. ST. PAUL ST., STE. 4150

City State Zip Code  
DALLAS TX 75201-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.15873222**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

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

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

FOR LINE NUMBER: PAGE 67 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. WILLIAM BURKE**

Mailing Address 325 N. ST. PAUL ST., STE. 4150

City State Zip Code  
DALLAS TX 75201-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880102**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WILLIAM BURKE**

Mailing Address 325 N. ST. PAUL ST., STE. 4150

City State Zip Code  
DALLAS TX 75201-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880405**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RICHARD S. BURNS**

Mailing Address 59 FOREST VILLAGE PL.

City State Zip Code  
CORDOVA TN 38018-7700

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852588**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. THOMAS P. BURNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28245 BOULDER CIRCLE  
 City EXCELSIOR State MN Zip Code 55331-8325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15882815**  
 Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**B. PHILLIP BURROUGHS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 PINE SHADOWS TRL  
 City ORMOND BEACH State FL Zip Code 32174-8296  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 254.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15846239**  
 Amount of Each Receipt this Period  
 254.00  
 CONTRIBUTION

**C. TOM BURTNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 706 CHAUCER LN  
 City WARRENSBURG State MO Zip Code 64093-3222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UNIVERSITY OF CENTRAL MISSOURI ASSISTANT PROFESSOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15860284**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2054.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 69 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. CAROL BUSER**  
 Mailing Address **PO BOX 6446**  
 City **SAN DIEGO** State **CA** Zip Code **92166-0446**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **03 / 25 / 2015**  
**Transaction ID : SA11.15872625**  
 Amount of Each Receipt this Period **350.00**  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MRS. SUSAN BUTLER RITTS**  
 Mailing Address **1960 S GRANDVIEW AVE**  
 City **DUBUQUE** State **IA** Zip Code **52003-7921**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **RETIRED** Occupation **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 09 / 2015**  
**Transaction ID : SA11.15847814**  
 Amount of Each Receipt this Period **500.00**  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MR. GEORGE EVAN BYBEE**  
 Mailing Address **660 WESTFIELD ROAD**  
 City **ALPINE** State **UT** Zip Code **84004-1501**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **MIRAGE PRODUCTS, LLC** Occupation **OWNER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **03 / 17 / 2015**  
**Transaction ID : SA11.15854840**  
 Amount of Each Receipt this Period **5000.00**  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **5850.00**  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 756
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. BARNEY D. BYRD</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : SA11.15864880</b>
Mailing Address 391 KINNIE ROAD		Amount of Each Receipt this Period 2000.00
City FRANKLIN	State TN	Zip Code 37069-1905
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer GEN CAP AMERICA, INC.	Occupation PRIVATE EQUITY- CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. JAMES E. CAFRITZ</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2015 <b>Transaction ID : SA11.15852298</b>
Mailing Address 7405 FAIRFAX ROAD		Amount of Each Receipt this Period 500.00
City BETHESDA	State MD	Zip Code 20814-1240
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. MRS. DOLORES E. CAKEBREAD TTEE</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 <b>Transaction ID : SA11.15874107</b>
Mailing Address P.O. BOX 531		Amount of Each Receipt this Period 250.00
City RUTHERFORD	State CA	Zip Code 94573-0531
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer CAKEBREAD CELLARS	Occupation SR. VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 71 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ANDREW B. CALHOUN JR.**

Mailing Address 2244 SURFSIDE DR

City State Zip Code  
ANDERSON SC 29625-5739

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED SALES

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15846232**

Amount of Each Receipt this Period  
-250.00

CONTRIBUTION

CHARGED BACK

Full Name (Last, First, Middle Initial)  
**B. MR. JOHN CAMP**

Mailing Address 220 SAVANNAH DRIVE  
SUITE 301

City State Zip Code  
GETTYSBURG PA 17325-6658

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
OXFORD CHASE DEVELOPMENT REAL ESTATE DEVELOPMENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15885847**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JO E. CANON**

Mailing Address 102 TIQUEWOOD CIRCLE

City State Zip Code  
ABILENE TX 79605-4937

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15865519**

Amount of Each Receipt this Period  
1200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1050.00

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

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

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

FOR LINE NUMBER: PAGE 72 OF 756  
(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 (Last, First, Middle Initial)  
**A. MR. LOWELL T. CANTRELL**

Mailing Address 29727 49TH PLACE SOUTH

City State Zip Code  
AUBURN WA 98001-1508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15843737**

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. CHERYL CARLSON**

Mailing Address 311 SPRING CREEK RD

City State Zip Code  
ROCKFORD IL 61107-1034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877491**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JON CARLSON**

Mailing Address P.O. BOX 457

City State Zip Code  
ST. JOSEPH MI 49085-0457

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844433**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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





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

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

FOR LINE NUMBER: PAGE 74 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. PAULETTE B. CARVER**

Mailing Address 787 PETERSBURG CHESTNT RDG RD

City State Zip Code  
PETERSBURG TN 37144-7559

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FAITVILLE CITY SCHOOLS NURSE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.15865319**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOHN J. CASTELLANI**

Mailing Address 1600 30TH STREET NW

City State Zip Code  
WASHINGTON DC 20007-2903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PHRMA PRESIDENT & C.E.O.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881262**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. THOMAS R. CATANESE**

Mailing Address 2201 MEMORY LN

City State Zip Code  
WESTLAKE VILLAGE CA 91361-5524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CATANESE & WELLS ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15874862**

Amount of Each Receipt this Period  
420.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 10570.00

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

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

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

FOR LINE NUMBER: PAGE 75 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. SALLY CECIL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3120 CLARK LN  
 City PARIS State TX Zip Code 75460-6460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 04 / 2015  
**Transaction ID : SA11.15842949**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MR. THOMAS CELANI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 TURTLE LAKE DR  
 City BLOOMFIELD State MI Zip Code 48302-0775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MOTOR CITY HARLEY Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA11.15849306**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION

**C. MS. GRETCHEN CEPEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5204 W. 60TH STREET  
 City EDINA State MN Zip Code 55436-2650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15882809**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 11100.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 76 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 (Last, First, Middle Initial)  
**A. DENIZ CEVIK**

Mailing Address 8125 N. SAM HOUSTON PKWY  
SUITE A.

City HOUSTON State TX Zip Code 77064-3450

FEC ID number of contributing federal political committee. **C**

Name of Employer SOLIDARITY CONTRACTING LLC Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  
03 / 25 / 2015  
**Transaction ID : SA11.15872616**

Amount of Each Receipt this Period  
7500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. NORMAN CHAMBERS**

Mailing Address 10943 N. SAM HOUSTO PKWY. W.

City HOUSTON State TX Zip Code 77064-5758

FEC ID number of contributing federal political committee. **C**

Name of Employer NCI Occupation CHAIRMAN & C.E.O.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 24 / 2015  
**Transaction ID : SA11.15869722**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MICHAEL F. CHAPPELL**

Mailing Address 2818 UNIVERSITY TER NW

City WASHINGTON State DC Zip Code 20016-3459

FEC ID number of contributing federal political committee. **C**

Name of Employer FIERCE, ISAKOWITZ & BLALOCK Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 16 / 2015  
**Transaction ID : SA11.15854553**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 13000.00

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

**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)	PAGE 77 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DR. NIRMAL CHATTERJEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2324 WILLOW DROP WAY

City OVIEDO State FL Zip Code 32766-7082

FEC ID number of contributing federal political committee. **C**

Name of Employer AIR PRODUCTS & CHEMICALS Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878348**

Amount of Each Receipt this Period  
 10000.00

CONTRIBUTION

**B. DR. JONG L. CHEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4100AMERICAN RIVER DR.

City SACRAMENTO State CA Zip Code 95864-6025

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15850364**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

**C. MR. JAMES A. CHILKO**  
Full Name (Last, First, Middle Initial)

Mailing Address 5608 MUIRFIELD DR

City BAKERSFIELD State CA Zip Code 93306-9517

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED

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  
 03 / 13 / 2015  
**Transaction ID : SA11.15851125**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 78 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. CAROLYN CHOUEST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 310  
 City GALLIANO State LA Zip Code 70354-0310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 33400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15894278**  
 Amount of Each Receipt this Period  
 33400.00  
 CONTRIBUTION

**B. MR. DONALD C. CHRISTOPHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 BLOOMFIELD AVE  
 City GILROY State CA Zip Code 95020-9516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 A & D. CHRISTOPHER RANCH FARMER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15855736**  
 Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C. DR. ROBERT C. CIARDULLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 135 OSBORN RD  
 City HARRISON State NY Zip Code 10528-1017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED SURGEON  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852851**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 35900.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 79 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DR. BEN CILENTO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63 OLMSTEAD ROW  
 City THE WOODLANDS State TX Zip Code 77380-2874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALLERGY AND ENT ASSOCIATES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15864639**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B. PAULA CINO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5415 CONNECTICUT AVE NW #312  
 City WASHINGTON State DC Zip Code 20015-2742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NMHC Occupation LOBBYIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15852966**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. MR. SANTOSH CIVIDI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1606 BARTRUM TRAIL  
 City SUGAR LAND State TX Zip Code 77479-5691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ORBIT GROUP Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15869818**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 80 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. LILLIAN M. CLAPP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11775 W VAL VISTA BLVD  
 City State Zip Code  
 CASA GRANDE AZ 85194-6989  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877549**  
 Amount of Each Receipt this Period  
 400.00  
 CONTRIBUTION

**B. CHARLES CLAPTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7113 RICHARD CASEY COURT  
 City State Zip Code  
 ALEXANDRIA VA 22307-1673  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PHRMA SVP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881265**  
 Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C. MR. ARTHUR W. CLARIDGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 SYLVIA AVE  
 City State Zip Code  
 NATICK MA 01760-4118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852358**  
 Amount of Each Receipt this Period  
 55.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2455.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 81 OF 756  
(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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ARTHUR W. CLARIDGE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 SYLVIA AVE  
City NATICK State MA Zip Code 01760-4118  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15859985**  
Amount of Each Receipt this Period 55.00  
CONTRIBUTION

**B. MRS. BARBARA W. CLARK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 301 LOCK LN S  
City RICHMOND State VA Zip Code 23226-1713  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA11.15848290**  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**C. MR. DONALD E. CLARK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30 MIDLAKES DR  
City CANANDAIGUA State NY Zip Code 14424-1045  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation COUNSELOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 310.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : SA11.15842368**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1155.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 82 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DONALD E. CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 MIDLAKES DR  
 City State Zip Code  
 CANANDAIGUA NY 14424-1045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED COUNSELOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15853006**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

**B. MR. DONALD E. CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 MIDLAKES DR  
 City State Zip Code  
 CANANDAIGUA NY 14424-1045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED COUNSELOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15853007**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

**C. MR. DONALD E. CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 MIDLAKES DR  
 City State Zip Code  
 CANANDAIGUA NY 14424-1045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED COUNSELOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2015  
**Transaction ID : SA11.15873481**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 83 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. WILLIAM H. CLARK**

Mailing Address 3716 MAPLEWOOD AVE

City State Zip Code  
DALLAS TX 75205-2827

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15868758**

Amount of Each Receipt this Period  
3600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. KEITH CLARY**

Mailing Address 31 EDMUNTON DR APT E15

City State Zip Code  
NORTH BABYLON NY 11703-5253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CARILLON NURSING HOME DIETARY AIDE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15853604**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. KEITH CLARY**

Mailing Address 31 EDMUNTON DR APT E15

City State Zip Code  
NORTH BABYLON NY 11703-5253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CARILLON NURSING HOME DIETARY AIDE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15863023**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3670.00

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

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

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

FOR LINE NUMBER: PAGE 84 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. KEITH CLARY**

Mailing Address 31 EDMUNTON DR APT E15

City State Zip Code  
NORTH BABYLON NY 11703-5253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CARILLON NURSING HOME DIETARY AIDE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15872947**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. KEITH CLARY**

Mailing Address 31 EDMUNTON DR APT E15

City State Zip Code  
NORTH BABYLON NY 11703-5253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CARILLON NURSING HOME DIETARY AIDE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877496**

Amount of Each Receipt this Period  
53.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. C. DANIEL CLEMENTE**

Mailing Address 8500 LEESBURG PIKE  
SUITE 600

City State Zip Code  
VIENNA VA 22182-2409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
THE CDC COMPANIES CHAIRMAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878346**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2088.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 OF 756  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. ELEANOR COBB**

Mailing Address 131 S VISTA ST

City State Zip Code  
LOS ANGELES CA 90036-2707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
03 / 30 / 2015  
**Transaction ID : SA11.15875139**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MARY JEAN COFFIELD**

Mailing Address 321 HERITAGE POINTE

City State Zip Code  
MORGANTOWN WV 26505-3060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  
03 / 09 / 2015  
**Transaction ID : SA11.15848013**

Amount of Each Receipt this Period  
105.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ADAM M. COHEN**

Mailing Address 145 W. 67TH ST APT 34G  
APARTMENT 34G

City State Zip Code  
NEW YORK NY 10023-5940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
W.P. CAREY INC. EXECUTIVE DIRECTOR - TAX

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 28 / 2015  
**Transaction ID : SA11.15873413**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 655.00

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

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

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

FOR LINE NUMBER: PAGE 86 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. KENNETH P. COHEN**

Mailing Address 3505 TURTLE CREEK BLVD.  
APARTMENT 3A

City State Zip Code  
DALLAS TX 75219-5564

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EXXON MOBIL VICE PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874698**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RALPH W. COLRUD**

Mailing Address 13343 W PAINTBRUSH DR

City State Zip Code  
SUN CITY WEST AZ 85375-2531

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15854763**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RALPH W. COLRUD**

Mailing Address 13343 W PAINTBRUSH DR

City State Zip Code  
SUN CITY WEST AZ 85375-2531

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15855644**

Amount of Each Receipt this Period  
450.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5550.00

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

**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)	PAGE 87 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. WILLIAM COLTON</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 <b>Transaction ID : SA11.15869814</b>
Mailing Address 6334 WESTCHESTER DRIVE		Amount of Each Receipt this Period 2500.00
City DALLAS	State TX	Zip Code 75205-1669
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer EXXON MOBIL	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. MS. MARY K. COLWELL</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 <b>Transaction ID : SA11.15849637</b>
Mailing Address 140 MARICOPA CIR		Amount of Each Receipt this Period 210.00
City ENON	State OH	Zip Code 45323-1817
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. HOBERT CONGER</b>		Date of Receipt MM / DD / YYYY 03 / 03 / 2015 <b>Transaction ID : SA11.15843527</b>
Mailing Address 414 E 4TH. ST.		Amount of Each Receipt this Period 100.00
City METROPOLIS	State IL	Zip Code 62960-2107
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2810.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 88 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MARY CONKEY**  
 Mailing Address 735 SUNRISE AVENUE, SUITE 200  
 City State Zip Code  
 ROSEVILLE CA 95661-4596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SOLAR POWER INT PUBLIC RELATIONS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15865530**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MICHAEL CONNOR**  
 Mailing Address 2901 RIGSBY LN  
 City State Zip Code  
 SAFETY HARBOR FL 34695-4828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED DEVELOPER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15845834**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JERRY CONWAY**  
 Mailing Address 2605 WESTLAKE DR  
 City State Zip Code  
 AUSTIN TX 78746-2924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED RESTAURANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.15854815**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3550.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 89 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JERRY CONWAY**  
 Mailing Address 2605 WESTLAKE DR  
 City State Zip Code  
 AUSTIN TX 78746-2924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED RESTAURANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880100**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROY M. COOK JR.**  
 Mailing Address 731 DUNAWAY RD  
 City State Zip Code  
 HALLS TN 38040-6521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844292**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. CAROL L. COOPER**  
 Mailing Address 585 S VALLEY DRIVE  
 City State Zip Code  
 LAS CRUCES NM 88005-2733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED ACCOUNTANT/RANCHER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15854551**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 90 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOHN M. COROTHERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47618 181ST ST  
City CLEAR LAKE State SD Zip Code 57226-5402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation UNK  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : SA11.15841003**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**B. MR. JOHN M. COROTHERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47618 181ST ST  
City CLEAR LAKE State SD Zip Code 57226-5402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation UNK  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15855320**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**C. MR. ROY COSBY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18168 DOGWOOD TR RD  
City ROCKVILLE State VA Zip Code 23146-1632  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15851617**  
Amount of Each Receipt this Period 200.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 91 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT COWEN**  
 Mailing Address 2756 INDIAN SPRINGS RD  
 City State Zip Code  
 MARIANNA FL 32446-6889  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 705.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877658**  
 Amount of Each Receipt this Period  
 305.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DALE COWLES**  
 Mailing Address 3018 142ND PLACE NE  
 City State Zip Code  
 BELLEVUE WA 98007-3252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15868843**  
 Amount of Each Receipt this Period  
 400.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ARTHUR COX**  
 Mailing Address 937 171ST STREET  
 City State Zip Code  
 HAMMOND IN 46324-2341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880328**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 855.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 92 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DANIEL CRAIG**

Mailing Address 15001 SEARSTONE DR # 406  
#406

City State Zip Code  
CARY NC 27513-8394

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852504**

Amount of Each Receipt this Period  
400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ROBERT CRAIGMYLE**

Mailing Address 2135 VIA FUENTES

City State Zip Code  
VERO BEACH FL 32963-4337

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15873292**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. AMY D. CRANE**

Mailing Address 2450 PERSIMMON DRIVE

City State Zip Code  
ST. CHARLES IL 60174-5608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878419**

Amount of Each Receipt this Period  
33400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 34800.00

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

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

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

FOR LINE NUMBER: PAGE 93 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. CHRISTOPHER M. CRANE**

Mailing Address 2450 PERSIMMON DRIVE

City State Zip Code  
SAINT CHARLES IL 60174-5608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EXELON PRESIDENT AND COO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878418**

Amount of Each Receipt this Period  
33400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. EDWARD J. CRAWFORD III**

Mailing Address 333 TEXAS ST  
STE. 2300

City State Zip Code  
SHREVEPORT LA 71101-3680

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MANOR PROPERTIES PARTNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872591**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. WILL CRENSHAW**

Mailing Address PO BOX 790

City State Zip Code  
BEAUMONT TX 77704-0790

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
THE MODERN GROUP, LTD. PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15869799**

Amount of Each Receipt this Period  
3000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 41400.00

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

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

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

FOR LINE NUMBER: PAGE 94 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JOHN F. CROCKETT**  
 Mailing Address 1005 NE 17TH AVE APT 202  
 City Hillsboro State OR Zip Code 97124-2871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.15865951**  
 Amount of Each Receipt this Period 180.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOHN W. CROSS**  
 Mailing Address 3417 SILVER SPUR DR.  
 City San Angelo State TX Zip Code 76904-8113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LONESTAR BEEF Occupation PRESIDENT/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : SA11.15841378**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HARLAN R. CROW**  
 Mailing Address 2001 ROSS AVENUE STE 3200  
 City Dallas State TX Zip Code 75201-2927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CROW HOLDINGS Occupation INVESTMENTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15872572**  
 Amount of Each Receipt this Period 33400.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 34080.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. KATHERINE CROW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4700 PRESTON ROAD  
 City State Zip Code  
 DALLAS TX 75205-3712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 33400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872573**  
 Amount of Each Receipt this Period  
 33400.00  
 CONTRIBUTION

**B. GEORGE CRUMPACKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1284 CROLOS FOOT RD  
 City State Zip Code  
 MOUNT OLIVE NC 28365-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 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  
 03 / 19 / 2015  
**Transaction ID : SA11.15863139**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**C. AGNES PESTI CRUSOE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41150 FOX RUN WB406  
 City State Zip Code  
 NOVI MI 48377-4862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15870869**  
 Amount of Each Receipt this Period  
 110.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 33810.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 96 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. ANATOLIO B. CRUZ III</b>		Date of Receipt
Mailing Address 8701 FENWAY DRIVE		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
BETHESDA	MD	20817-2711
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.15874687</b>
SCRIPPS NETWORKS INTERACTIVE	CHIEF LEGAL OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. S. FRANK CULBERSON</b>		Date of Receipt
Mailing Address 2680 MISTY MEADOW DRIVE		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
PROSPER	TX	75078-9745
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.15839325</b>
RIMKUS CONSULTING GRP	EXECUTIVE	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	<input type="text" value="250.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. S. FRANK CULBERSON</b>		Date of Receipt
Mailing Address 2680 MISTY MEADOW DRIVE		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
PROSPER	TX	75078-9745
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.15873494</b>
RIMKUS CONSULTING GRP	EXECUTIVE	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	<input type="text" value="250.00"/>
		CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

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

FOR LINE NUMBER: PAGE 97 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DR. ROBERT C. CULPEPPER**

Mailing Address 525 PARK PLACE DR

City State Zip Code  
ALEXANDRIA LA 71301-3947

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PREMIER PEDIATRICS CLINIC PEDIATRICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15860258**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. JOAN CUMMINS**

Mailing Address 2608 ASHLEY WOODS DRIVE

City State Zip Code  
WESTCHESTER IL 60154-5908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.15873226**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. JOAN CUMMINS**

Mailing Address 2608 ASHLEY WOODS DRIVE

City State Zip Code  
WESTCHESTER IL 60154-5908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15874525**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00

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

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

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

FOR LINE NUMBER: PAGE 98 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. L. NICOLE CURRIE**

Mailing Address 2308 NORTH COLUMBUS STREET

City ARLINGTON State VA Zip Code 22207-2525

FEC ID number of contributing federal political committee. **C**

Name of Employer AMGEN Occupation DIRECTOR, GOVERNMENT AFFAIRS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880452**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. PATRICIA MCQUEEN CURRIE**

Mailing Address 1150 HARTRICK CANYON DR.

City TEMPLE State TX Zip Code 76502-4236

FEC ID number of contributing federal political committee. **C**

Name of Employer SCOTT AND WHITE Occupation HOSP ADMN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844520**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. JANET A. CUSLIDGE**

Mailing Address P.O. BOX 651

City ALTAVILLE State CA Zip Code 95221-0651

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844223**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2850.00

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

**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)	PAGE 99 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. JANET A. CUSLIDGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 651  
 City ALTAVILLE State CA Zip Code 95221-0651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15849020**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MR. LAURIN K. DAHL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 BIG OAKS RD  
 City STREAMWOOD State IL Zip Code 60107-1317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15850128**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MR. LAURIN K. DAHL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 BIG OAKS RD  
 City STREAMWOOD State IL Zip Code 60107-1317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875134**  
 Amount of Each Receipt this Period  
 68.30  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 218.30  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 100 OF 756  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DR. JOHN DALTON**

Mailing Address 1157 HANCOCK STREET

City State Zip Code  
QUINCY MA 02169-4303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15839194**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. JULIE J. DANIELS**

Mailing Address 2191 KYLE ROAD

City State Zip Code  
BARTLESVILLE OK 74006-6336

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.15854820**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. LEON A. DARGIS**

Mailing Address 19641 VINTAGE TRACE CIR

City State Zip Code  
FORT MYERS FL 33967-5556

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15855326**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3250.00

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

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

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

FOR LINE NUMBER: PAGE 101 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. BETTYE D. DAUGHERTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9769 SE 125TH LN  
 City State Zip Code  
 SUMMERFIELD FL 34491-9212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15853330**  
 Amount of Each Receipt this Period  
 140.00  
 CONTRIBUTION

**B. J. WILLIAM DAVIDSMEYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 SAINT ANDREWS DR  
 City State Zip Code  
 JACKSONVILLE IL 62650-3384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15859458**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. J. WILLIAM DAVIDSMEYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 SAINT ANDREWS DR  
 City State Zip Code  
 JACKSONVILLE IL 62650-3384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878055**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 340.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 102 OF 756
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. CHARLES STANLEY DAVIS JR.</b>		Date of Receipt
Mailing Address 2417 COUNTY RD 27		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
LAFAYETTE	AL	36862-3169
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11.15872614</b>
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Aggregate Year-to-Date ▼		<input type="text" value="2500.00"/>
		<b>CONTRIBUTION</b>

Full Name (Last, First, Middle Initial) <b>B. MR. CHESTER G. DAVIS JR.</b>		Date of Receipt
Mailing Address 6 DEEPWATER CT		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
EDGEWATER	MD	21037-1216
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11.15881261</b>
PHRMA	EXECUTIVE VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Aggregate Year-to-Date ▼		<input type="text" value="4000.00"/>
		<b>CONTRIBUTION</b>

Full Name (Last, First, Middle Initial) <b>C. FRANCES B. DAVIS</b>		Date of Receipt
Mailing Address 4700 WILTON PL		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
ALEXANDRIA	LA	71303-3771
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11.15851455</b>
RETIRED	RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Aggregate Year-to-Date ▼		<input type="text" value="315.00"/>
		<b>CONTRIBUTION</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="6815.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 103 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. LAVONNE DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2578 POINCIANA ST  
 City State Zip Code  
 NAPLES FL 34105-2737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED TENNIS PRO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15885842**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MRS. JOE J. DEES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 68  
 City State Zip Code  
 MAGNOLIA AR 71754-0068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15848354**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**C. MR. E. MARK DEISTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13110 ABOITE CENTER RD  
 City State Zip Code  
 FORT WAYNE IN 46814-9529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15850538**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 104 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. PETER DELANEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6901 AVONDALE DRIVE  
City OKLAHOMA CITY State OK Zip Code 73116-5217  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OGE ENERGY CORPORATION Occupation C.E.O.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 19 / 2015  
**Transaction ID : SA11.15864881**  
Amount of Each Receipt this Period 1500.00  
CONTRIBUTION

**B. DR. GEORGE L. DELOACH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 130 FAWN RD  
City LIVINGSTON State TX Zip Code 77351-8204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BIG THICKET ORTHOPEDICS Occupation ORTHOPEDIC SURGEON  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.15869797**  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**C. MR. MARTIN J. DEPERRO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4900 LAKE VIEW DR.  
City PENINSULA State OH Zip Code 44264-9591  
FEC ID number of contributing federal political committee. **C**  
Name of Employer YO BRIDGE Occupation CONSTRUCTION  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 525.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15885859**  
Amount of Each Receipt this Period 175.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2675.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 105 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DONALD DEROSI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1324  
 City VINELAND State NJ Zip Code 08362-1324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DEROSI & SO COMPANY Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878378**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B. MR. JOSEPH M. DESARLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14535 GEIST RIDGE DRIVE  
 City FISHERS State IN Zip Code 46040-9021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15872799**  
 Amount of Each Receipt this Period  
 375.00  
 CONTRIBUTION

**C. MRS. JOSEPHINE H. DETMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 SPRUCE LN  
 City CUMBERLAND FORESIDE State ME Zip Code 04110-1415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15868773**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2975.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 106 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. FRED DETTWILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 GREAT CIRCLE RD.  
 City NASHVILLE State TN Zip Code 37228-1703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: DET DISTRIBUTING COMPANY Occupation: PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 1000.00

Date of Receipt: 03 / 20 / 2015  
**Transaction ID : SA11.15865520**  
 Amount of Each Receipt this Period: 1000.00  
 CONTRIBUTION

**B. ROBERT H. DEYOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX D  
 City EASTPORT State ME Zip Code 04631-0904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: RETIRED Occupation: RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 400.00

Date of Receipt: 03 / 30 / 2015  
**Transaction ID : SA11.15875992**  
 Amount of Each Receipt this Period: 400.00  
 CONTRIBUTION

**C. MR. ANTHONY J. DI VITO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 244 PADDOCK CIR.  
 City GLENDALE HEIGHTS State IL Zip Code 60139-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: RETIRED Occupation: RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 400.00

Date of Receipt: 03 / 10 / 2015  
**Transaction ID : SA11.15849325**  
 Amount of Each Receipt this Period: 200.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 107 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. FRANK DIRICO**  
 Mailing Address 21727 COUNTY ROAD 12  
 City State Zip Code  
 WELDONA CO 80653-7604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VIAERO WIRELESS PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15850530**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RICHARD DISTAD**  
 Mailing Address 17171 HIDDEN POINT DR.  
 City State Zip Code  
 CHAGRIN FALLS OH 44023-2001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15859767**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. SUDHIR DIWAN**  
 Mailing Address 38 CARTER STREET  
 City State Zip Code  
 NORWOOD NJ 07648-1518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874712**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 108 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DANIEL D. DOLAN JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 WEST LAUREL AVENUE  
 City LAKE FOREST State IL Zip Code 60045-1116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DOLAN MCENIRY CAPITAL MANAGEMENT Occupation INVESTMENT MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 07 / 2015  
**Transaction ID : SA11.15846082**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MR. DANIEL D. DOLAN JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 WEST LAUREL AVENUE  
 City LAKE FOREST State IL Zip Code 60045-1116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DOLAN MCENIRY CAPITAL MANAGEMENT Occupation INVESTMENT MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15874674**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MR. MICHAEL J. DOLAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6215 STEFANI DRIVE  
 City DALLAS State TX Zip Code 75225-2122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EXXON MOBIL CHEMICAL CO. Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15872578**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 109 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JAMES L. DORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10600 W MITCHELL ST  
 City WEST ALLIS State WI Zip Code 53214-4027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMALGA COMPOSITES, INC. Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15846340**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. JAMES L. DORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10600 W MITCHELL ST  
 City WEST ALLIS State WI Zip Code 53214-4027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMALGA COMPOSITES, INC. Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880329**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MR. JAMES L. DORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10600 WEST MITCHELL STREET  
 City WEST ALLIS State WI Zip Code 53214-4027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMALGA COMPOSITES, INC. Occupation BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15846342**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 110 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. VIRGINIA DORMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6716 W DOVER TER  
City FORT WORTH State TX Zip Code 76132-3582  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation INVESTMENTS  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 09 / 2015**  
**Transaction ID : SA11.15847666**  
Amount of Each Receipt this Period **1000.00**  
CONTRIBUTION

**B. MS. HEATHER B. DRAPER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3250 SOUTH OCEAN BOULEVARD #204N  
City PALM BEACH State FL Zip Code 33480-6693  
FEC ID number of contributing federal political committee. **C**  
Name of Employer THE ICE CREAM CLUB, INC. Occupation DIRECTOR  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2000.00**

Date of Receipt **03 / 20 / 2015**  
**Transaction ID : SA11.15865537**  
Amount of Each Receipt this Period **2000.00**  
CONTRIBUTION

**C. MR. FRANK M. DRENDEL**  
Full Name (Last, First, Middle Initial)  
Mailing Address POST OFFICE BOX 9212  
City HICKORY State NC Zip Code 28603-9212  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 19 / 2015**  
**Transaction ID : SA11.15864886**  
Amount of Each Receipt this Period **5000.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **8000.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 111 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. VAUGHAN DRINKARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1070 GOVERNMENT STREE  
 City MOBILE State AL Zip Code 36604-2442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15885858**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MR. VLASTIMIR DUBAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 417 S BLUFF AVE 400  
 City LA GRANGE State IL Zip Code 60525-6866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DUBAK ELECTRICAL MTCE CORP Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15885857**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. DR. JOHN E. DUDICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 ORCHARD RD.  
 City WHEELING State WV Zip Code 26003-6640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDICAL PARK ANESTHESIOLOGY Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15859064**  
 Amount of Each Receipt this Period 110.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 310.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 112 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. JERRY DUFFELL</b>		Date of Receipt
Mailing Address 1338 RIDGE RD		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City PUNXSUTAWNEY State PA Zip Code 15767-3348		<b>Transaction ID : SA11.15846830</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation PROFORM POWDERED METALS BUSINESS		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) <b>B. MRS. CAROL MCCARTHY DUHME</b>		Date of Receipt
Mailing Address 1 MC KNIGHT PLACE APT 484		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City SAINT LOUIS State MO Zip Code 63124-2235		<b>Transaction ID : SA11.15868841</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) <b>C. ROGER DUKE</b>		Date of Receipt
Mailing Address 20436 CRIMSON PLACE		<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City LEESBURG State VA Zip Code 20175-6362		<b>Transaction ID : SA11.15846215</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1800.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 OF 756  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. EZEKIEL R. DUMKE**

Mailing Address 2159 S 700 E  
STE 200

City State Zip Code  
SALT LAKE CITY UT 84106-1888

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2015  
**Transaction ID : SA11.15843316**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. DIANN DUNCAN**

Mailing Address 28 STERLING CIR

City State Zip Code  
JOHNSON CITY TN 37604-2486

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2015  
**Transaction ID : SA11.15850644**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. DIANN DUNCAN**

Mailing Address 28 STERLING CIR

City State Zip Code  
JOHNSON CITY TN 37604-2486

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 24 / 2015  
**Transaction ID : SA11.15870112**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

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

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

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

FOR LINE NUMBER: PAGE 114 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DR. GRANT M. DUNCAN**

Mailing Address 1822 BEVERLY GLEN DR

City State Zip Code  
SANTA ANA CA 92705-3157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852022**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RICHARD DUNCAN**

Mailing Address 2295 RURAL AVE SE

City State Zip Code  
SALEM OR 97302-1260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RICH DUNCAN CONSTRUCTION INC GC

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15874550**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MARK J. DUNLAY**

Mailing Address 4218 SAWGRASS DR

City State Zip Code  
NORTH CHARLESTON SC 29420-7511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALCOA MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15871094**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

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

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

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

FOR LINE NUMBER: PAGE 115 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. RICHARD J. DUNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 530 JUNIPERO SERRA BLVD  
 City SAN FRANCISCO State CA Zip Code 94127-2727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 03 / 2015  
**Transaction ID : SA11.15843535**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION

**B. MR. RICHARD J. DUNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 530 JUNIPERO SERRA BLVD  
 City SAN FRANCISCO State CA Zip Code 94127-2727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15855634**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION

**C. MR. LAMMOT J. DUPONT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1004 BASIL RD  
 City MCLEAN State VA Zip Code 22101-1801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DUPONT FABROS TECHNOLOGY Occupation PUBLIC EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15872592**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 116 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HAROLD W. DURRETT**

Mailing Address **6404 GLEASON COURT**

City State Zip Code  
**EDINA MN 55436-1848**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**03 / 05 / 2015**

**Transaction ID : SA11.15885484**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ALAN LEE EARHART**

Mailing Address **1370 PRITCHETT CT**

City State Zip Code  
**LOS ALTOS CA 94024-5711**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**03 / 10 / 2015**

**Transaction ID : SA11.15849928**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. GARETH A. EBERLE**

Mailing Address **7380 KINNIKINNICK DR.**

City State Zip Code  
**ROSCOE IL 61073-9665**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**ROCKFORD HEALTH PHYSICIANS PHYSICIAN**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**03 / 23 / 2015**

**Transaction ID : SA11.15865358**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **775.00**

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

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

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

FOR LINE NUMBER: PAGE 117 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MATTHEW S. EDEAL**

Mailing Address 147 EDEAL RD APT A

City State Zip Code  
LOS LUNAS NM 87031-6739

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TEA SPOUT DAIRY MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 24 / 2015  
**Transaction ID : SA11.15870464**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. LEWIS M. EDWARDS**

Mailing Address 9296 NORTH MAHOGANY DRIVE

City State Zip Code  
CEDAR HILLS UT 84062-9702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15885869**

Amount of Each Receipt this Period  
-50.00

CONTRIBUTION

CHARGED BACK

Full Name (Last, First, Middle Initial)  
**C. MR. MARK S. EDWARDS**

Mailing Address 5551 TAFT AVE

City State Zip Code  
LA JOLLA CA 92037-7643

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15865094**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

**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)	PAGE 118 OF 756		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DONNA EFFERTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16861 HIGHLAND RIDGE DRIVE  
 City State Zip Code  
 LOCHLLOYD MO 64012-4177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15845833**  
 Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**B. NANCY F. EICHENAUER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 56 SOUTHSIDE COUNTRY CLB  
 City State Zip Code  
 DECATUR IL 62521-9125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15850491**  
 Amount of Each Receipt this Period  
 225.00  
 CONTRIBUTION

**C. MS. ROSEMARY E. ELLERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7439 E HOLLY ST  
 City State Zip Code  
 SCOTTSDALE AZ 85257-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15842023**  
 Amount of Each Receipt this Period  
 120.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2345.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 119 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. ROSEMARY E. ELLERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7439 E HOLLY ST  
 City State Zip Code  
 SCOTTSDALE AZ 85257-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15846590**  
 Amount of Each Receipt this Period  
 80.00  
 CONTRIBUTION

**B. MR. GREG ELLIOT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2425  
 City State Zip Code  
 CHARLESTON WV 25329-2425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AMFM INC. EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854850**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**C. MR. JAMES D. ELLIOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 577  
 City State Zip Code  
 FORT SUMNER NM 88119-0577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15849526**  
 Amount of Each Receipt this Period  
 480.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 10560.00  
**TOTAL** This Period (last page this line number only)..... ►

**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)	PAGE 120 OF 756
	<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	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JAMES D. ELLIOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 577

City State Zip Code  
FORT SUMNER NM 88119-0577

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  
03 / 10 / 2015  
**Transaction ID : SA11.15850123**

Amount of Each Receipt this Period  
240.00

CONTRIBUTION

**B. MS. PEGGY ELLIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3211 OLD DOMINION BOULEVARD

City State Zip Code  
ALEXANDRIA VA 22305-1317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ELLIS & COMPANY, L.L.C. LOBBYIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 14 / 2015  
**Transaction ID : SA11.15853164**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C. MR. KIRWAN M. ELMERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1894 LAKE SHORE DR

City State Zip Code  
COLUMBUS OH 43204-4962

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CUSTOM COACH FARBER COLS 04 SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
301.00

Date of Receipt  
03 / 12 / 2015  
**Transaction ID : SA11.15852252**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	490.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 121 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. ESTELLE EMERINE**

Mailing Address 1527 E HARDING WAY

City State Zip Code  
STOCKTON CA 95205-3703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.15870469**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JAMES C. EMERSON**

Mailing Address P.O. BOX 3217

City State Zip Code  
AUBURN ME 04212-3217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EMERSON TOYOTA AUTOMOBILE DEALERSHIP PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15863039**

Amount of Each Receipt this Period  
600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. NANCY N. ENTZMINGER**

Mailing Address 3203 DOMINY CT

City State Zip Code  
OAKTON VA 22124-2008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15869685**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 975.00

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

**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)	PAGE 122 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. JOAN ESCHRICH**

Mailing Address **8600 THACKERY ST APT 7102**  
**APT 7102**

City **DALLAS** State **TX** Zip Code **75225-3942**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : SA11.15879813**

Amount of Each Receipt this Period **150.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GEORGE W. ETHERIDGE JR.**

Mailing Address **2847 COBBLESTONE DRIVE**

City **PALM HARBOR** State **FL** Zip Code **34684-1655**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PRECISION ORTHOPEDICS, INC.** Occupation **BUSINESS OWNER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10000.00**

Date of Receipt **03 / 13 / 2015**

**Transaction ID : SA11.15854739**

Amount of Each Receipt this Period **10000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. LISA O. ETHERIDGE**

Mailing Address **2847 COBBLESTONE DRIVE**

City **PALM HARBOR** State **FL** Zip Code **34684-1655**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **03 / 19 / 2015**

**Transaction ID : SA11.15864882**

Amount of Each Receipt this Period **5000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **15150.00**

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

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

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

FOR LINE NUMBER: PAGE 123 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JOHN EVANGELAKOS**

Mailing Address 1220 PARK AVENUE

City State Zip Code  
NEW YORK NY 10128-1733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SULLIVAN & CROMWELL L.L.P. ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872596**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DANIEL W. EVANS**

Mailing Address 2730 MOSSER ST.

City State Zip Code  
ALLENTOWN PA 18103-2821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15870989**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. ANNABELLE EVERETT**

Mailing Address 17 ARMBRUSTER CT

City State Zip Code  
FROSTPROOF FL 33843-9556

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15879255**

Amount of Each Receipt this Period  
115.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15415.00

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

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

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

FOR LINE NUMBER: PAGE 124 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. RICHARD FAIN**

Mailing Address 700 ARVIDA PARKWAY

City State Zip Code  
CORAL GABLES FL 33156-2325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CARIBBEAN CRUISE LINES CHIEF EXECUTIVE OFFICER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881314**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JAY FAISON**

Mailing Address 1355 GREENWOOD CLIFF DR STE 301

City State Zip Code  
CHARLOTTE NC 28204-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ZOBO TV OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15849310**

Amount of Each Receipt this Period  
20000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. MANDAN F. FARAHATI**

Mailing Address 1351 E WESTLEIGH RD

City State Zip Code  
LAKE FOREST IL 60045-3335

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MAGNA HEALTH SYSTEM PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15870854**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 25250.00

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

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

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

FOR LINE NUMBER: PAGE 125 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. LEE ANN FARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27833 10TH AVENUE SOUTH  
 City State Zip Code  
 DES MOINES WA 98198-8218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED DEVELOPER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 33400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852995**  
 Amount of Each Receipt this Period  
 33400.00  
 CONTRIBUTION

**B. MR. CHRIS FAULKNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2809 TULLER STREET  
 City State Zip Code  
 SOUTHLAKE TX 76092-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BREITLING ENERGY CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 30000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15869812**  
 Amount of Each Receipt this Period  
 25000.00  
 CONTRIBUTION

**C. MR. CHRIS FAULKNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2809 TULLER STREET  
 City State Zip Code  
 SOUTHLAKE TX 76092-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BREITLING ENERGY CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 30000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15869813**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 63400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 126 OF 756
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ANN DEE FEINER**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 OLD COVERED BRIDGE RD

City NEWTOWN SQUARE	State PA	Zip Code 19073-1211
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

**Transaction ID : SA11.15854856**

Amount of Each Receipt this Period  
4000.00

CONTRIBUTION

**B. DR. ROBERTO FERNANDEZ-BLAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4851 SW 111 TERRACE

City DAVIE	State FL	Zip Code 33328-3901
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PCP OF HOLLYWOOD	Occupation PHYSICIAN
--------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2015

**Transaction ID : SA11.15873449**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C. ELIZABETH FERRELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 10601 MISSION ROAD SUITE 350

City LEAWOOD	State KS	Zip Code 66206-2704
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
17500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

**Transaction ID : SA11.15852984**

Amount of Each Receipt this Period  
17500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	21750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 127 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. JAMES E. FERRELL</b>		Date of Receipt MM / DD / YYYY 03 / 11 / 2015 <b>Transaction ID : SA11.15852983</b>
Mailing Address 10601 MISSION ROAD SUITE 350 DO NO CONTACT		Amount of Each Receipt this Period 17500.00
City LEAWOOD	State KS	Zip Code 66206-2704
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer FERRELLGAS PARTNERS	Occupation C.E.O.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 17500.00	

Full Name (Last, First, Middle Initial) <b>B. MR. HENRY W. FIELDS SR.</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15879231</b>
Mailing Address 2115 1ST. AVE SE APT. 2218		Amount of Each Receipt this Period 230.00
City CEDAR RAPIDS	State IA	Zip Code 52402-6384
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.00	

Full Name (Last, First, Middle Initial) <b>C. ROBERT C. FIELDS</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2015 <b>Transaction ID : SA11.15877749</b>
Mailing Address 11170 MAPLE KNOLL TER UNIT L218		Amount of Each Receipt this Period 500.00
City CINCINNATI	State OH	Zip Code 45246-4154
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	18230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 128 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT FILES**  
 Mailing Address 12 FILES DR  
 City State Zip Code  
 HOLDEN ME 04429-4804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.15870225**  
 Amount of Each Receipt this Period  
 400.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. LINDA FIORA**  
 Mailing Address 6853 HARBOUR TOWN DRIVE  
 City State Zip Code  
 WEST CHESTER OH 45069-6402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15885850**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RANDALL J. FISH**  
 Mailing Address 385 N HIGH ST  
 City State Zip Code  
 ROMNEY WV 26757-1434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED ANTENNA CONSULTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15868878**  
 Amount of Each Receipt this Period  
 135.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 635.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 129 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. ALICE FISHER**  
 Mailing Address 703 KINGS COURT  
 City State Zip Code  
 ALEXANDRIA VA 22302-4013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LATHAM & WATKINS ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874704**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROY E. FITE**  
 Mailing Address 2801 WALNUT BEND LN APT 77  
 City State Zip Code  
 HOUSTON TX 77042-3445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INTERNAL REVENUE SERVICE AUDITER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15868762**  
 Amount of Each Receipt this Period  
 400.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. BENIGNO R. FITAL**  
 Mailing Address 7523 JENNITE DRIVE  
 City State Zip Code  
 SAN DIEGO CA 92119-1206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.15854828**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 130 OF 756
	<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	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. ROBERT FLOCK</b>		Date of Receipt MM / DD / YYYY 03 / 03 / 2015 <b>Transaction ID : SA11.15843031</b>
Mailing Address 1221 MASSACHUSETTS AVENUE NW APT 7		Amount of Each Receipt this Period 250.00
City WASHINGTON	State DC	Zip Code 20005-5320
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer BROWNSTEIN HYATT FARBER SCHRECK, LL	Occupation POLICY ADVISOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MR. JAMES C. FLORES</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15881334</b>
Mailing Address P.O.BOX 1083		Amount of Each Receipt this Period 233800.00
City HOUSTON	State TX	Zip Code 77251-1083
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer PLAINS EXPLORATION AND PRODUCTION	Occupation CHAIRMAN, PRESIDENT, AND CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 33400.00	

Full Name (Last, First, Middle Initial) <b>C. MR. JAMES C. FLORES</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15881334B</b>
Mailing Address P.O.BOX 1083		Amount of Each Receipt this Period -100200.00
City HOUSTON	State TX	Zip Code 77251-1083
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer PLAINS EXPLORATION AND PRODUCTION	Occupation CHAIRMAN, PRESIDENT, AND CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 33400.00	<b>[MEMO ITEM]</b> REDESIGNATION TO BUILDING FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	234050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 131 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JAMES C. FLORES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O.BOX 1083  
 City HOUSTON State TX Zip Code 77251-1083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PLAINS EXPLORATION AND PRODUCTION Occupation CHAIRMAN, PRESIDENT, AND CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15894279B**  
 Amount of Each Receipt this Period -100200.00  
 CONTRIBUTION  
**[MEMO ITEM]**  
 REDESIGNATION TO RECOUNT FUND

**B. MR. WILLIAM J. FLYNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 E. 57TH STREET APT PH  
 City NEW YORK State NY Zip Code 10022-2811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ATLAS AIR WORLDWIDE Occupation C.E.O.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15852998**  
 Amount of Each Receipt this Period 33400.00  
 CONTRIBUTION

**C. MRS. ANN AUSTIN FLYNT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1244 ARBOR RD APT B409  
 City WINSTON SALEM State NC Zip Code 27104-1141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : SA11.15874159**  
 Amount of Each Receipt this Period 400.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	33800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 132 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. NATHANIEL FOGLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3600 OAK MANOR LN APT 15  
 City LARGO State FL Zip Code 33774-1213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15852548**  
 Amount of Each Receipt this Period 600.00  
 CONTRIBUTION

**B. ROGER NILS FOLSOM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 128 SEAFOAM AVE  
 City MONTEREY State CA Zip Code 93940-3410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4100.00

Date of Receipt 03 / 06 / 2015  
**Transaction ID : SA11.15845192**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MS. ERNESTINE J. FORESMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1303 HARVEST RIDGE LN.  
 City BLACKSBURG State VA Zip Code 24060-5068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA11.15848200**  
 Amount of Each Receipt this Period 55.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 755.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 133 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. AMI K. FORTE**

Mailing Address 3798 QUAIL FOREST DR

City State Zip Code  
TARPON SPRINGS FL 34688-9040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MORGAN STANLEY FINANCIAL ADVISOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 05 / 2015  
**Transaction ID : SA11.15843634**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. THOMAS A. FOSS**

Mailing Address 8751 PARKWAY DR.

City State Zip Code  
HIGHLAND IN 46322-1519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15849809**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. THOMAS A. FOSS**

Mailing Address 8751 PARKWAY DR.

City State Zip Code  
HIGHLAND IN 46322-1519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 27 / 2015  
**Transaction ID : SA11.15873809**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

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

**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)	PAGE 134 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. BEHREND S. FOSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1722 N. NELSON STREET  
 City ARLINGTON State VA Zip Code 22207-3643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BLUESTONE STRATEGIES Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 05 / 2015  
**Transaction ID : SA11.15846218**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**B. MR. WILLIAM A. FRACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 DOCKSIDE LN  
 City KEY LARGO State FL Zip Code 33037-5267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 03 / 04 / 2015  
**Transaction ID : SA11.15844302**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MR. WILLIAM A. FRACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 DOCKSIDE LN  
 City KEY LARGO State FL Zip Code 33037-5267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15853098**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1050.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 135 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. WILLIAM A. FRACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 DOCKSIDE LN  
 City KEY LARGO State FL Zip Code 33037-5267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : SA11.15854263**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**B. MR. WILLIAM A. FRACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 DOCKSIDE LN  
 City KEY LARGO State FL Zip Code 33037-5267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.15868868**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MR. WILLIAM H. FRALIN JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2830 WILTON ROAD SW  
 City ROANOKE State VA Zip Code 24014-4228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 11 / 2015  
**Transaction ID : SA11.15852986**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 10060.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 136 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JAMES C. FRANCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1147 N. HALIFAX AVENUE  
 City State Zip Code  
 DAYTONA BEACH FL 32118-3654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NASCAR VICE CHAIRMAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15846230**  
 Amount of Each Receipt this Period  
 33400.00  
 CONTRIBUTION

**B. MR. JOE FRANCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1031 NORTH 33RD STREET  
 City State Zip Code  
 BISMARCK ND 58501-7725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15862011**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C. MR. JOE FRANCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1031 NORTH 33RD STREET  
 City State Zip Code  
 BISMARCK ND 58501-7725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15866332**  
 Amount of Each Receipt this Period  
 60.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 33660.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 137 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. ALTA V. FRANKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 7625  
 City SHREVEPORT State LA Zip Code 71137-7625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FRANKS PETROLEUM Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15872594**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION

**B. MS. MARTHA FRANSSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 DODGE DRIVE  
 City WEST HARTFORD State CT Zip Code 06107-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15880232**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MR. JAMES FRAPPIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15000 SURVEYOR BLVD.  
 City ADDISON State TX Zip Code 75001-4417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BARRETT DAFFIN FRAPPIER TURNER AND E Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15878391**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 20100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 138 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DAVID R. FRAUENSHUH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6401 INDIAN HILLS ROAD  
 SUITE 100  
 City State Zip Code  
 EDINA MN 55439-1133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15854741**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**B. MS. ELIZABETH FRAZEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6313 EVERMAY DR  
 City State Zip Code  
 MC LEAN VA 22101-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TWINLOGIC STRATEGIES ATTORNEY/CONSULTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15874502**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C. MRS. FRANCES LOUISE FREDERICKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 TURTLE CREEK WAY  
 City State Zip Code  
 FREDERICKSBRG VA 22406-8443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15866052**  
 Amount of Each Receipt this Period  
 120.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 12620.00  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 139 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ROBERT WINSTON FREDERICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 435 SPRING MILL RD  
 City VILLANOVA State PA Zip Code 19085-1925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15882810**  
 Amount of Each Receipt this Period  
 1200.00  
 CONTRIBUTION

**B. MS. SALLY J. FREEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2850 CLASSIC DR UNIT 1609  
 City LITTLETON State CO Zip Code 80126-5084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.15873906**  
 Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

**C. MR. G. ARCHER FRIERSON II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10985 HARTS ISLAND ROAD  
 City SHREVEPORT State LA Zip Code 71115-9579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED INVESTMENTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854833**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6950.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 140 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. LYNDA FROMM</b>		Date of Receipt MM / DD / YYYY 03 / 26 / 2015 <b>Transaction ID : SA11.15878324</b>
Mailing Address 2460 STONEHAVEN COURT N.		Amount of Each Receipt this Period 5000.00
City COLUMBUS	State OH	Zip Code 43220-2853
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. MS. HOLLY FROST</b>		Date of Receipt MM / DD / YYYY 03 / 26 / 2015 <b>Transaction ID : SA11.15878317</b>
Mailing Address 602 PINEHAVEN DR		Amount of Each Receipt this Period 5000.00
City HOUSTON	State TX	Zip Code 77024-3729
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. MR. CHRIS T. FULDNER</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 <b>Transaction ID : SA11.15846303</b>
Mailing Address 6198 LAWRENCE 2240		Amount of Each Receipt this Period 250.00
City MONETT	State MO	Zip Code 65708-9504
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 141 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MICHAEL R. FULJENZ**

Mailing Address 8255 WHITE ROAD  
PH. 860-1620

City BEAUMONT State TX Zip Code 77706-5223

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSAL COIN AND BULLION Occupation COIN DEALER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15878328**

Amount of Each Receipt this Period  
3000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WINSTON R. FULLER JR.**

Mailing Address 314 BUENA VIS

City NEWPORT BEACH State CA Zip Code 92661-1125

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15857101**

Amount of Each Receipt this Period  
285.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. GERALD N. FURSETH**

Mailing Address 827 NW 63RD ST. SUITE 201

City OKLAHOMA CITY State OK Zip Code 73116-7639

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation OIL AND GAS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880427**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3785.00

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

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

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

FOR LINE NUMBER: PAGE 142 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. JANET R. GAIRING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 635 MASTERPIECE DR  
 City State Zip Code  
 SUN CITY CENTER FL 33573-6598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15843011**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. MRS. JANET R. GAIRING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 635 MASTERPIECE DR  
 City State Zip Code  
 SUN CITY CENTER FL 33573-6598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.15872400**  
 Amount of Each Receipt this Period  
 60.00  
 CONTRIBUTION

**C. MR. DENNY E. GAMBLE JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 52389  
 City State Zip Code  
 SHREVEPORT LA 71135-2389  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GUEST CARE MANAGEMENT CHAIRMAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872571**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10110.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ALLEN E. GANT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1022 W. DAVIS ST.  
 City BURLINGTON State NC Zip Code 27215-3605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 30700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878387**  
 Amount of Each Receipt this Period  
 30700.00  
 CONTRIBUTION

**B. MR. JULIAN GANZ JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 137 S ROCKINGHAM AVE  
 City LOS ANGELES State CA Zip Code 90049-2513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MC MAHAN'S FURNITURE EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15876132**  
 Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

**C. MARY LOU GARBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2551  
 City STANWOOD State WA Zip Code 98292-2551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.15843205**  
 Amount of Each Receipt this Period  
 70.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 31520.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT GARCELON**

Mailing Address 1406 EAST MAIN ST, STE #200-280  
SPC 200-280

City State Zip Code  
FREDERICKSBURG TX 78624-5343

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ARTIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15845979**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT GARCELON**

Mailing Address 1406 EAST MAIN ST, STE #200-280  
SPC 200-280

City State Zip Code  
FREDERICKSBURG TX 78624-5343

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ARTIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15873310**

Amount of Each Receipt this Period  
 90.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. GUILLERMO GARCIA**

Mailing Address 9401 SW 103 STREET

City State Zip Code  
MIAMI FL 33176-3057

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15849745**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00

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



**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)	PAGE 145 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MS. SUE GARCIA</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2015 <b>Transaction ID : SA11.15850537</b>
Mailing Address 1693 EUREKA ROAD		Amount of Each Receipt this Period 1000.00
City ROSEVILLE	State CA	Zip Code 95661-2852
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer PAUL GARCIA INVESTMENTS	Occupation INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. MS VIRGINIA GARDNER</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 <b>Transaction ID : SA11.15872431</b>
Mailing Address 670 CHESTNUT DR		Amount of Each Receipt this Period 65.00
City WIXOM	State MI	Zip Code 48393-4304
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Full Name (Last, First, Middle Initial) <b>C. MRS. VIRGINIA LEE GARLAND</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 <b>Transaction ID : SA11.15846332</b>
Mailing Address 20020 N BERNHILL RD		Amount of Each Receipt this Period 500.00
City COLBERT	State WA	Zip Code 99005-9518
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1565.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 146 OF 756  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JAMES GARNER**  
Mailing Address 61 NORTH OJIBWA RD  
City MONTICELLO State FL Zip Code 32344-6251  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : SA11.15873249**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JAMES GARNER**  
Mailing Address 61 NORTH OJIBWA RD  
City MONTICELLO State FL Zip Code 32344-6251  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : SA11.15873251**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. MARGE GARSTECKI**  
Mailing Address 16 NEWELL AVE  
City AUBURN State ME Zip Code 04210-6120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 231.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : SA11.15842415**  
Amount of Each Receipt this Period 35.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. MARGE GARSTECKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 NEWELL AVE  
 City AUBURN State ME Zip Code 04210-6120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 231.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15857281**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**B. MS. MARGE GARSTECKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 NEWELL AVE  
 City AUBURN State ME Zip Code 04210-6120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 231.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15861714**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. MS. MARGE GARSTECKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 NEWELL AVE  
 City AUBURN State ME Zip Code 04210-6120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 231.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877907**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. T. WAYNE GATLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 158 ESTANCIA WAY  
 City GEORGETOWN State TX Zip Code 78628-7041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SANTANNA ENERGY SERVICES PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 03 / 19 / 2015  
**Transaction ID : SA11.15863774**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B. MR. JOHN GAUPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 188  
 304 CASCADE ST  
 City OSCEOLA State WI Zip Code 54020-0188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 THE RIVERBANK INSURANCE CENTER VICE PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 30 / 2015  
**Transaction ID : SA11.15873381**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**C. MARILYN V. GEARHART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 427  
 City WATERVILLE State WA Zip Code 98858-0427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 03 / 17 / 2015  
**Transaction ID : SA11.15859963**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1800.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 149 OF 756  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. CLARENCE GEHR**

Mailing Address **5621 NORLAND AVE**

City State Zip Code  
**NEW ORLEANS LA 70131-3943**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1030.00**

Date of Receipt  
**03 / 04 / 2015**

**Transaction ID : SA11.15844154**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. MARLENE R. GEISER**

Mailing Address **P. O. BOX**

City State Zip Code  
**SPRINGVILLE UT 84663-**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**03 / 27 / 2015**

**Transaction ID : SA11.15873123**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. ETHELL A. GELLER**

Mailing Address **333 CENTRAL PARK WEST**

City State Zip Code  
**NEW YORK NY 10025-7145**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**YES PSYCHOLOGIST**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**03 / 30 / 2015**

**Transaction ID : SA11.15873291**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **400.00**

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

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

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

FOR LINE NUMBER: PAGE 150 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. GREGORY GELLERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38330 LAKESHORE DR  
 City State Zip Code  
 HARRISON TOWNSHIP MI 48045-2859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MS CIS ADJUDICATION OFFICER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844348**  
 Amount of Each Receipt this Period  
 160.00  
 CONTRIBUTION

**B. MR. GREGORY GELLERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38330 LAKESHORE DR  
 City State Zip Code  
 HARRISON TOWNSHIP MI 48045-2859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MS CIS ADJUDICATION OFFICER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851231**  
 Amount of Each Receipt this Period  
 160.00  
 CONTRIBUTION

**C. BARBARA GETTMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1353 MARINA DR  
 City State Zip Code  
 HURON OH 44839-2802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844248**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 420.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. BARBARA GETTMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1353 MARINA DR  
 City HURON State OH Zip Code 44839-2802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **425.00**

Date of Receipt: **03 / 20 / 2015**  
**Transaction ID : SA11.15865249**  
 Amount of Each Receipt this Period: **75.00**  
**CONTRIBUTION**

**B. BARBARA GETTMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1353 MARINA DR  
 City HURON State OH Zip Code 44839-2802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **425.00**

Date of Receipt: **03 / 23 / 2015**  
**Transaction ID : SA11.15869450**  
 Amount of Each Receipt this Period: **75.00**  
**CONTRIBUTION**

**C. BARBARA GETTMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1353 MARINA DR  
 City HURON State OH Zip Code 44839-2802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **425.00**

Date of Receipt: **03 / 30 / 2015**  
**Transaction ID : SA11.15878109**  
 Amount of Each Receipt this Period: **75.00**  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **225.00**  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. BARBARA GETTMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1353 MARINA DR  
 City HURON State OH Zip Code 44839-2802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15879530**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. DR. CHRISTOPHER GHARIBO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 292 HAVEN ROAD  
 City FRANKLIN LAKES State NJ Zip Code 07417-1706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NYU PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874713**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C. MR. JOSEPH H. GIBSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5040 GLENBROOK TERRACE NW  
 City WASHINGTON State DC Zip Code 20016-2602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GIBSON GROUP LLC ATTORNEY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15854738**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5600.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 153 OF 756
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MARY GIBSON</b>		Date of Receipt 03 / 23 / 2015 <b>Transaction ID : SA11.15868496</b>
Mailing Address P.O. BOX 101775		Amount of Each Receipt this Period 250.00
City FORT WORTH	State TX	Zip Code 76185-1775
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation INVESTMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MR. RONALD J. GIDWITZ</b>		Date of Receipt 03 / 26 / 2015 <b>Transaction ID : SA11.15878320</b>
Mailing Address 200 S. WACKER DRIVE SUITE 4000		Amount of Each Receipt this Period 15000.00
City CHICAGO	State IL	Zip Code 60606-5821
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer GCG PARTNERS	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30000.00	

Full Name (Last, First, Middle Initial) <b>C. CHARLES J. GIGLIO</b>		Date of Receipt 03 / 23 / 2015 <b>Transaction ID : SA11.15869800</b>
Mailing Address PO BOX 4046		Amount of Each Receipt this Period 3000.00
City BEUAMONT	State TX	Zip Code 77704-4046
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer GIGLIO DISTRIBUTING	Occupation OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	18250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. JUDY GILBERT**

Mailing Address 52 EAST END AVE  
33A

City State Zip Code  
NEW YORK NY 10028-8096

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RG CONSULTING CONSULTANT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15885848**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MARK E. GILLIAM**

Mailing Address 400 TRAVIS STREET  
SUITE 1700

City State Zip Code  
SHREVEPORT LA 71101-3126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15864616**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MARK E. GILLIAM**

Mailing Address 400 TRAVIS STREET  
SUITE 1700

City State Zip Code  
SHREVEPORT LA 71101-3126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15874614**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 155 OF 756
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MS. CAMERON GILREATH</b>		Date of Receipt
Mailing Address 800 CONNECTICUT AVE,NW STE 1200		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City State Zip Code WASHINGTON DC 20006-2736		<b>Transaction ID : SA11.15874551</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer Occupation TIME WARNER INC VP, PUBLIC POLICY		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. MR. JOHN H. GIVAN</b>		Date of Receipt
Mailing Address 1200 38TH. ST. APT. 30		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City State Zip Code BAKERSFIELD CA 93301-1362		<b>Transaction ID : SA11.15848224</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>C. MRS. LORNA GLADSTONE</b>		Date of Receipt
Mailing Address 1161 CREST LANE		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code MCLEAN VA 22101-1805		<b>Transaction ID : SA11.15872584</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer Occupation RETIRED RETIRED		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 156 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. JENNIFER D. GLASS**  
 Mailing Address 807 GIST RD.  
 City WESTMINSTER State MD Zip Code 21157-5715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LONG AND FOSTER R>E> Occupation REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15843764**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MITCH GLAZIER**  
 Mailing Address 7313 DURBIN TERRACE  
 City BETHESDA State MD Zip Code 20817-6127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RIAA Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11.15850481**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. M. W. GOFF**  
 Mailing Address P.O. BOX 677  
 City HUTCHINS State TX Zip Code 75141-0677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875929**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 157 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. ADAM M. GOLDSTEIN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2015 <b>Transaction ID : SA11.15878380</b>
Mailing Address 4321 SANTA MARIA ST		Amount of Each Receipt this Period 1000.00
City CORAL GABLES	State FL	Zip Code 33146-1126
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer ROYAL CARRIBEAN	Occupation EXEC.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. DR. ROBERT P. GOOD M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2015 <b>Transaction ID : SA11.15859840</b>
Mailing Address 825 OLD LANCASTER ROAD SUITE 100		Amount of Each Receipt this Period 1500.00
City BRYN MAWR	State PA	Zip Code 19010-3234
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer ROTHMAN INSTITUTE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. MS. PRISCILLA A. GOODYEAR</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2015 <b>Transaction ID : SA11.15880276</b>
Mailing Address 10042 SIGNET CIRCLE		Amount of Each Receipt this Period 22.50
City HUNTINGTON BEACH	State CA	Zip Code 92646-6631
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 572.50	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2522.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. PRISCILLA A. GOODYEAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10042 SIGNET CIRCLE  
 City HUNTINGTON BEACH State CA Zip Code 92646-6631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 572.50

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15880292**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MR. PHILIP GRACE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 68 FISKE ST  
 City TEWKSBURY State MA Zip Code 01876-1116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 03 / 06 / 2015  
**Transaction ID : SA11.15846547**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**C. MR. PHILIP GRACE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 68 FISKE ST  
 City TEWKSBURY State MA Zip Code 01876-1116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15860034**  
 Amount of Each Receipt this Period 75.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 360.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 159 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. PHILIP GRACE**  
 Mailing Address **68 FISKE ST**  
 City State Zip Code  
**TEWKSBURY MA 01876-1116**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**RETIRED RETIRED**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**295.00**

Date of Receipt  
**03 / 30 / 2015**  
**Transaction ID : SA11.15874983**  
 Amount of Each Receipt this Period  
**75.00**  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. JAY GRAHAM**  
 Mailing Address **11902 COBBLESTONE**  
 City State Zip Code  
**HOUSTON TX 77024-5003**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**WILDHORSE RESOURCES PRESIDENT**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**33400.00**

Date of Receipt  
**03 / 31 / 2015**  
**Transaction ID : SA11.15874690**  
 Amount of Each Receipt this Period  
**33400.00**  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MS. SHANNON GRAHAM**  
 Mailing Address **1220 11 ST. NW 2**  
 City State Zip Code  
**WASHINGTON DC 20001-4262**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**PHRMA VICE PRESIDENT**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**03 / 31 / 2015**  
**Transaction ID : SA11.15881273**  
 Amount of Each Receipt this Period  
**250.00**  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ► **33725.00**  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 160 OF 756  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT J. GRAMMIG**

Mailing Address **21 BAHAMA CIRCLE**

City State Zip Code  
**TAMPA FL 33606-3317**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**HOLLAND AND KNIGHT ATTORNEY**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**03 / 16 / 2015**

**Transaction ID : SA11.15854831**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. ELIZABETH R. GREEN**

Mailing Address **21 WINDSOR COMMONS DR**

City State Zip Code  
**KENNEBUNK ME 04043-6952**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**210.00**

Date of Receipt  
**03 / 10 / 2015**

**Transaction ID : SA11.15850188**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ELIZABETH R. GREEN**

Mailing Address **21 WINDSOR COMMONS DR**

City State Zip Code  
**KENNEBUNK ME 04043-6952**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**210.00**

Date of Receipt  
**03 / 19 / 2015**

**Transaction ID : SA11.15863276**

Amount of Each Receipt this Period  
**60.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **5110.00**

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



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

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

FOR LINE NUMBER: PAGE 161 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JIM GREENWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1931 QUAIL HOLLOW RD  
 City PEKIN State IL Zip Code 61554-6349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15894817**  
 Amount of Each Receipt this Period -250.00  
 CONTRIBUTION  
 CHARGED BACK

**B. PAUL GREENE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 HEATHER GLEN DR  
 City CROSSVILLE State TN Zip Code 38558-6445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15855300**  
 Amount of Each Receipt this Period 225.00  
 CONTRIBUTION

**C. ELIZABETH GREESON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2605 E LOMA VISTA AVE  
 City VICTORIA State TX Zip Code 77901-4432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ATZENHOPPE CHEVROLET Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : SA11.15841172**  
 Amount of Each Receipt this Period 540.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 515.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 162 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOHN O. GREGORY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10803 MAIN ST.  
STE. 700  
City FAIRFAX State VA Zip Code 22030-4728  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation GENERAL CONTRACTOR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 230.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.15869461**  
Amount of Each Receipt this Period 230.00  
CONTRIBUTION

**B. MR. LEE GREGORY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9290 E THOMPSON PEAK PKWY UNIT 437  
City SCOTTSDALE State AZ Zip Code 85255-4515  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : SA11.15854361**  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION

**C. MR. FRANK P. GREINKE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1800 WEST KATELLA AVENUE  
City ORANGE State CA Zip Code 92867-3449  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SC FUELS Occupation C.E.O.  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 19800.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA11.15878322**  
Amount of Each Receipt this Period 10000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10730.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 163 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. CHARLRS GREY**

Mailing Address 6328 US 19

City State Zip Code  
NEW PORT ROCHEY FL 34762-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
F. I. GREY & SON REALTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15840683**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WAYNE GRIFFIN JR.**

Mailing Address P.O. BOX 5807

City State Zip Code  
KETCHUM ID 83340-5807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15859939**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JAMES M. GRIPPE**

Mailing Address 18655 E BELLEVIEW PL

City State Zip Code  
CENTENNIAL CO 80015-4876

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15867183**

Amount of Each Receipt this Period  
60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 560.00

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

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

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

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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 (Last, First, Middle Initial)  
**A. MR. KEVIN A. GROS**  
 Mailing Address P.O. BOX 1412  
 City State Zip Code  
 LAROSE LA 70373-1412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED SELF-EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1130.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15849886**  
 Amount of Each Receipt this Period  
 565.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DIETRICH M. GROSS**  
 Mailing Address 769 MICHIGAN SUITE 200  
 City State Zip Code  
 WILMETTE IL 60091-1956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JUPITER ALUMINUM C.E.O.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15849558**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DELMAR L. GUARD**  
 Mailing Address 8614 W 750 N  
 City State Zip Code  
 W LAFAYETTE IN 47906-9260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DELMAR GUARD FARM FARMER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851615**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1865.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. FRANK S. GUARISCO**

Mailing Address P.O. BOX 579

City State Zip Code  
PATTERSON LA 70392-0579

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FRANK'S AGENCY INC INSURANCE AGENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**725.00**

Date of Receipt  
**03 / 09 / 2015**  
**Transaction ID : SA11.15846424**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. FRANK S. GUARISCO**

Mailing Address P.O. BOX 579

City State Zip Code  
PATTERSON LA 70392-0579

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FRANK'S AGENCY INC INSURANCE AGENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**725.00**

Date of Receipt  
**03 / 16 / 2015**  
**Transaction ID : SA11.15885662**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. FRANK S. GUARISCO**

Mailing Address P.O. BOX 579

City State Zip Code  
PATTERSON LA 70392-0579

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FRANK'S AGENCY INC INSURANCE AGENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**725.00**

Date of Receipt  
**03 / 17 / 2015**  
**Transaction ID : SA11.15885665**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **200.00**

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

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

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

FOR LINE NUMBER: PAGE 166 OF 756  
(check only one)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. FRANK S. GUARISCO**  
 Mailing Address P.O. BOX 579  
 City State Zip Code  
 PATTERSON LA 70392-0579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FRANK'S AGENCY INC INSURANCE AGENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 725.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2015  
**Transaction ID : SA11.15885698**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WILLIAM KEITH GUPTILL**  
 Mailing Address 2573 SAN ANDRES WAY  
 City State Zip Code  
 CLAREMONT CA 91711-1555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED CONSULTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15862212**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. T. MORRIS HACKNEY**  
 Mailing Address 40 COUNTRY CLUB RD  
 City State Zip Code  
 BIRMINGHAM AL 35213-3625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875989**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. EDWARD E. HADDOCK JR.**

Mailing Address 3300 UNIVERSITY BLVD. STE. 218

City State Zip Code  
WINTER PARK FL 32792-7435

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HADDOCK PROFESSIONAL ASSOCIATES ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 18 / 2015  
**Transaction ID : SA11.15859842**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. SUZAN HAFIZOBLU**

Mailing Address 5688 71 ST

City State Zip Code  
LUBBOCK TX 79624-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED SELF-EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874693**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DIRK HAIRE**

Mailing Address 3563 OLD TRAIL ROAD

City State Zip Code  
EDGEWATER MD 21037-2704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FOX ROTHSCHILD LLP ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15865509**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 17500.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DAVID HALE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 75224  
 City State Zip Code  
 FAIRBANKS AK 99707-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HALE AND ASSOCIATES INSURANCE BROKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874353**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MR. THOMAS E. HALES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 66 BROOKWOOD DR.  
 City State Zip Code  
 BRIARCLIFF NY 10510-2041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15868867**  
 Amount of Each Receipt this Period  
 105.00  
 CONTRIBUTION

**C. MR. DAVID C. HALEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 ALTA DRIVE  
 City State Zip Code  
 FORT WORTH TX 76107-1526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HBK CAPITAL MANAGEMENT MANAGING DIRECTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878382**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10355.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. NATALIE HALL**  
 Mailing Address 7955 16TH. MNR APT. A305  
 City State Zip Code  
 VERO BEACH FL 32966-1599  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15849598**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JAMES R. HAMBY**  
 Mailing Address 2432 NE 49TH ST  
 City State Zip Code  
 OCALA FL 34479-7118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15848672**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JAMES R. HAMBY**  
 Mailing Address 2432 NE 49TH ST  
 City State Zip Code  
 OCALA FL 34479-7118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874473**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. GREGORY J. HAMER SR.**

Mailing Address P.O. DRAWER 3608

City State Zip Code  
MORGAN CITY LA 70381-3608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BIG FOOD ENTERPRISES LLC EXECUTIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.15845864**

Amount of Each Receipt this Period  
4800.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. SARAH HAMLETT**

Mailing Address 616 E STREET NW, 919

City State Zip Code  
WASHINGTON DC 20004-2275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FEDERAL CITY STRATEGIES CONSULTANT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880373**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HAROLD HAMM**

Mailing Address PO BOX 1032

City State Zip Code  
ENID OK 73702-1032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CONTINENTAL RESOURCES INC. CHAIRMAN & C.E.O.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872608**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 20050.00

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DAN HANCHEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 320 SAINT IVES DRIVE  
 City MADISON State MS Zip Code 39110-7182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15874501**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MR. DAN HANCHEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 320 SAINT IVES DRIVE  
 City MADISON State MS Zip Code 39110-7182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15880380**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MR. RICHARD L. HANCHETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19775 TANGLEWOOD  
 City BIG RAPIDS State MI Zip Code 49307-9468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2015  
**Transaction ID : SA11.15863321**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1200.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT LINCOLN HANCOCK**

Mailing Address POB 993544

City State Zip Code  
REDDING CA 96099-3544

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15874670**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DAVID HARDY**

Mailing Address 122 EAST RIDGE ROAD

City State Zip Code  
WACCABUC NY 10597-1203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
OSLER HOSKIN AND HARCOURT ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877700**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. DOROTHY M. HARKNESS**

Mailing Address 925 IRVING DR.

City State Zip Code  
BURBANK CA 91504-1836

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
301.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15868824**

Amount of Each Receipt this Period  
301.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1051.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. KENNETH HARLAN**  
 Mailing Address 1 CARRETA PARK  
 City State Zip Code  
 BISHOP TX 78343-3102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15863516**  
 Amount of Each Receipt this Period  
 125.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MARK HARMS**  
 Mailing Address 1321 CLYDESDALE AVE  
 City State Zip Code  
 WELLINGTON FL 33414-1036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GLOBAL LEISURE PARTNERS LLC MERCHANT BANKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15885415**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MARK HARMS**  
 Mailing Address 1321 CLYDESDALE AVE  
 City State Zip Code  
 WELLINGTON FL 33414-1036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GLOBAL LEISURE PARTNERS LLC MERCHANT BANKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15885419**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JOHN O. HARRIS III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 921 SHARON DRIVE  
 City Kings Mountain State NC Zip Code 28086-2735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation LAND DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2015  
**Transaction ID : SA11.15839337**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MR. RALPH E. HARRISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 4276  
 City Ventura State CA Zip Code 93007-0276  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15859962**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MR. RALPH E. HARRISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 4276  
 City Ventura State CA Zip Code 93007-0276  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15860162**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**TOTAL** This Period (last page this line number only).....▶

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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. RALPH E. HARRISON**

Mailing Address P.O. BOX 4276

City State Zip Code  
VENTURA CA 93007-0276

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED SELF-EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15868063**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT J. K. HART JR.**

Mailing Address 10036 HILLGREEN CIR  
APT K

City State Zip Code  
COCKEYSVILLE MD 21030-3426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875951**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ROBERT J. K. HART JR.**

Mailing Address 10036 HILLGREEN CIR  
APT K

City State Zip Code  
COCKEYSVILLE MD 21030-3426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878067**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JEFFREY W. HARTLEY**

Mailing Address 1229 ROUND MOUNTAIN CIRCLE

City State Zip Code  
ALPINE UT 84004-1882

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC BUSINESS CONSULTING

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874702**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. SYLEND A HARVEY**

Mailing Address 11472 A DISCOVERY HGTS. CR.

City State Zip Code  
ANCHORAGE AK 99515-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED SELF-EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15885856**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ROBERT W. HATCH**

Mailing Address 601 W 55TH ST

City State Zip Code  
KANSAS CITY MO 64113-1101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CEREAL INGREDIENTS, INC. CHAIRMAN & C.E.O.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15842027**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2900.00

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



**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. BENNETT K. HATFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2405  
 City CHARLESTON State WV Zip Code 25329-2405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PATRIOT COAL Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15852993**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. MR. BENNETT K. HATFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2405  
 City CHARLESTON State WV Zip Code 25329-2405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PATRIOT COAL Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15854836**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**C. MR. BENNETT K. HATFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2405  
 City CHARLESTON State WV Zip Code 25329-2405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PATRIOT COAL Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 03 / 20 / 2015  
**Transaction ID : SA11.15865524**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 20000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. BOB HATHAWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 925 MANCHESTER DR  
 City CONROE State TX Zip Code 77304-2794  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFC UNK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844098**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**B. BOB HATHAWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 925 MANCHESTER DR  
 City CONROE State TX Zip Code 77304-2794  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFC UNK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15862019**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C. BOB HATHAWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 925 MANCHESTER DR  
 City CONROE State TX Zip Code 77304-2794  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFC UNK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.15874034**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. PRENTISS C. HAVENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 AUDUBON PL  
 City NEW ORLEANS State LA Zip Code 70118-5526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SEISMIC EXCHANGE INC Occupation GEOPHYSICIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 03 / 19 / 2015  
**Transaction ID : SA11.15862723**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**B. ELISABETH WRIGHT HAWKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1333 NEW HAMPSHIRE AVENUE NW SUITE 730  
 City WASHINGTON State DC Zip Code 20036-1511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2015  
**Transaction ID : SA11.15852985**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MR. THOMAS HAYWARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1223 SPRING ST., #901  
 City SEATTLE State WA Zip Code 98104-3576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 29 / 2015  
**Transaction ID : SA11.15873504**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HAL P. HEADLEY JR.**

Mailing Address P.O. BOX 4177

City State Zip Code  
LEXINGTON KY 40544-4177

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.15870267**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HAL P. HEADLEY JR.**

Mailing Address P.O. BOX 4177

City State Zip Code  
LEXINGTON KY 40544-4177

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15870870**

Amount of Each Receipt this Period  
375.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JONATHAN HEAFITZ**

Mailing Address 2704 EMMET ROAD

City State Zip Code  
SILVER SPRING MD 20902-4832

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PCMA LOBBYIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2015  
**Transaction ID : SA11.15853142**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 775.00

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. VALERIE B. HEANSSLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 CONARY COVE RD  
 City DEER ISLE State ME Zip Code 04627-3743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **03 / 09 / 2015**  
**Transaction ID : SA11.15847565**  
 Amount of Each Receipt this Period: **150.00**  
**CONTRIBUTION**

**B. MR. PATRICK J. HEATH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 704 HAVENWOOD CIR.  
 City ST. LOUIS State MO Zip Code 63122-1400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **SELF-EMPLOYED** Occupation: **SALES**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **03 / 06 / 2015**  
**Transaction ID : SA11.15845177**  
 Amount of Each Receipt this Period: **200.00**  
**CONTRIBUTION**

**C. MR. BARRETT H. HEISE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2245 TEAKWOOD CIR. APT. A  
 City HIGHLAND State IN Zip Code 46322-3578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **RETIRED** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **03 / 04 / 2015**  
**Transaction ID : SA11.15844365**  
 Amount of Each Receipt this Period: **500.00**  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ► **850.00**  
**TOTAL** This Period (last page this line number only)..... ►

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. RALPH HELLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3310 OLD DOMINION BLVD.  
 City State Zip Code  
 ALEXANDRIA VA 22305-1318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2015  
**Transaction ID : SA11.15864812**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. MRS. ELLA M. HELM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3385 HALLMARK DR SE  
 City State Zip Code  
 MARIETTA GA 30067-5110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844370**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MRS. ELLA M. HELM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3385 HALLMARK DR SE  
 City State Zip Code  
 MARIETTA GA 30067-5110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851884**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. E. N. HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 SOUTHFIELD ROAD  
 City SHREVEPORT State LA Zip Code 71106-2215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877546**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**B. MR. JOHN A. HENDERSON IV**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 OAKTRACE STREET  
 City BEAUMONT State TX Zip Code 77706-2554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED SELF-EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15878318**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. MR. MARK W. HENNESSY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4272 GARMON ROAD  
 City ATLANTA State GA Zip Code 30327-3834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED SALESMAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878385**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MICHAEL HENNEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2550 50TH ST W  
 City State Zip Code  
 WEBSTER MN 55088-2421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851933**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. CHARLES P. HERRING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 675990  
 City State Zip Code  
 RANCHO SANTA FE CA 92067-5990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HERRING NETWORKS PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874703**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C. ROBERT S. HERRING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4757 MORENA BLVD  
 City State Zip Code  
 SAN DIEGO CA 92117-3462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HERRING NETWORKS COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15869817**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10250.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 185 OF 756  
(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
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DAVID G. HERRO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 65 E. GOETHE STREET, APT. 3W

City CHICAGO	State IL	Zip Code 60610-7260
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HARRIS ASSOCIATES, LP	Occupation INVESTMENT MANAGER
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : SA11.15878379**

Amount of Each Receipt this Period  

33400.00
----------

**CONTRIBUTION**

**B. MR. MICHAEL H. HERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8709 BURNING TREE RD.

City BETHESDA	State MD	Zip Code 20817-3054
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN DEFENSE INTERNATIONAL	Occupation GOVERNMENT AFFAIRS
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : SA11.15864481**

Amount of Each Receipt this Period  

15000.00
----------

**CONTRIBUTION**

**C. MR. STEVEN J. HERTZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 563

City SOUTH ORLEANS	State MA	Zip Code 02662
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

**Transaction ID : SA11.15858968**

Amount of Each Receipt this Period  

200.00
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**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	48600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 186 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HENRY G. HERZING**

Mailing Address 1660 N. PROSPECT AVENUE  
UNIT 1009

City State Zip Code  
MILWAUKEE WI 53202-6706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HERZING UNIVERSITY PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872603**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. GAIL D. HEWITT**

Mailing Address 2 PHILLIPS POND ROAD

City State Zip Code  
NATICK MA 01760-5643

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852405**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. W. GLEN HICKS**

Mailing Address 809 KENNON STREET

City State Zip Code  
MINDEN LA 71055-2311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851442**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11200.00

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

**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)	PAGE 187 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MARCUS D. HILES**  
Full Name (Last, First, Middle Initial)

Mailing Address 2505 NORTH STATE HIGHWAY 360  
SUITE 800

City GRAND PRAIRIE State TX Zip Code 75050-7803

FEC ID number of contributing federal political committee. **C**

Name of Employer WRPS, III, LP Occupation REAL ESTATE DEVELOPMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
03 / 18 / 2015  
**Transaction ID : SA11.15854752**

Amount of Each Receipt this Period  
33400.00

CONTRIBUTION

**B. MRS. NANCY AILEEN HILES**  
Full Name (Last, First, Middle Initial)

Mailing Address 2505 N STATE HWY 360, #800

City GRAND PRAIRIE State TX Zip Code 75050-7803

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
03 / 18 / 2015  
**Transaction ID : SA11.15854754**

Amount of Each Receipt this Period  
33400.00

CONTRIBUTION

**C. MR. AL G. HILL JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 47 HIGHLAND PARK VLG STE 200

City DALLAS State TX Zip Code 75205-2786

FEC ID number of contributing federal political committee. **C**

Name of Employer A.G. HILL PARTNERS Occupation INVESTMENTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
03 / 12 / 2015  
**Transaction ID : SA11.15852992**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76800.00

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

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

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

FOR LINE NUMBER: PAGE 188 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. AL G. HILL JR.**

Mailing Address 47 HIGHLAND PARK VLG STE 200

City State Zip Code  
DALLAS TX 75205-2786

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
A.G. HILL PARTNERS INVESTMENTS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881335**

Amount of Each Receipt this Period  
23400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. ANN G. HILL**

Mailing Address 708 CREATION DR

City State Zip Code  
DU BOIS PA 15801-3996

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875720**

Amount of Each Receipt this Period  
205.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. MICHELLE HILLMAN**

Mailing Address 1776 BROADWAY. SUITE 1610

City State Zip Code  
NEW YORK NY 10019-2002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CORBINHILLMAN COMMUNICATIONS PR EXEC

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15870626**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 23855.00

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

**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)	PAGE 189 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JAMES M. HIRSCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 GEARY ST.  
 STE. 405  
 City SAN FRANCISCO State CA Zip Code 94108-5704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **370.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : SA11.15880269**  
 Amount of Each Receipt this Period **75.00**  
 CONTRIBUTION

**B. MR. DAVID W. HOBBS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1903 MALLINSON WAY  
 SUITE 601  
 City ALEXANDRIA State VA Zip Code 22308-2760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE HOBBS GROUP, C Occupation PUBLIC AFFAIRS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **9800.00**

Date of Receipt **03 / 17 / 2015**  
**Transaction ID : SA11.15854646**  
 Amount of Each Receipt this Period **5000.00**  
 CONTRIBUTION

**C. DWIGHT DALE HODEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4510 STONEWOOD CIR  
 City MIDLOTHIAN State TX Zip Code 76065-4873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 02 / 2015**  
**Transaction ID : SA11.15842440**  
 Amount of Each Receipt this Period **250.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5325.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 190 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ROY F. HODGES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 663  
 City State Zip Code  
 DUMAS MS 38625-0663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15847190**  
 Amount of Each Receipt this Period  
 160.00  
 CONTRIBUTION

**B. MR. BILL HOLDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4467 PLANTATION DR  
 City State Zip Code  
 FAIR OAKS CA 95628-5638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15842172**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C. MR. BILL HOLDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4467 PLANTATION DR  
 City State Zip Code  
 FAIR OAKS CA 95628-5638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15871960**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 560.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 191 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. BILL HOLDEN**

Mailing Address 4467 PLANTATION DR

City State Zip Code  
FAIR OAKS CA 95628-5638

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15872672**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JEANETTE HOLERS**

Mailing Address 140 CAPRI DR.

City State Zip Code  
NAPOLEON OH 43545-2222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851241**

Amount of Each Receipt this Period  
80.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JEANETTE HOLERS**

Mailing Address 140 CAPRI DR.

City State Zip Code  
NAPOLEON OH 43545-2222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15854400**

Amount of Each Receipt this Period  
55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 335.00

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

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

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

FOR LINE NUMBER: PAGE 192 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. KLARA HOLZER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 299 ARGHELLO BLVD APT 302  
 City SAN FRANCISCO State CA Zip Code 94118-1434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15879673**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**B. JOANNE H. HOOK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 WESTCOTT ST. UNIT 1102  
 City HOUSTON State TX Zip Code 77007-7095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.15873940**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C. MS. DELORES M. HOOVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4514 N WATERSIDE DR  
 City CLOVIS State CA Zip Code 93619-4703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED SELF-EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15842001**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 193 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. LAROLD HOPPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2572 ELWOOD CT  
 City PERRIS State CA Zip Code 92571-4689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.15865731**  
 Amount of Each Receipt this Period 195.00  
 CONTRIBUTION

**B. MR. LAROLD HOPPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2572 ELWOOD CT  
 City PERRIS State CA Zip Code 92571-4689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15879601**  
 Amount of Each Receipt this Period 195.00  
 CONTRIBUTION

**C. MR. RODERICK B. HOWARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1116 STRAIT VIEW DR  
 City PORT ANGELES State WA Zip Code 98362-8477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.15868603**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 640.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 194 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. VICTOR N. HOWARD SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 335 187TH ST  
 City NORTH MIAMI BEACH State FL Zip Code 33160-2410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15854019**  
 Amount of Each Receipt this Period  
 240.00  
 CONTRIBUTION

**B. MR. JAMES J. HRUSKA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9021 S 83RD CT  
 City HICKORY HILLS State IL Zip Code 60457-1419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 746.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15842530**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. MRS. WILLIAM D. HUFFMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 14  
 City COLUMBIANA State OH Zip Code 44408-0014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851561**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 990.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 195 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOE O. HUGGINS III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 691368  
 City HOUSTON State TX Zip Code 77269-1368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872599**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B. MACON HUGHES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1531 SCENIC DR  
 City ADA State OK Zip Code 74820-8548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15853911**  
 Amount of Each Receipt this Period  
 55.00  
 CONTRIBUTION

**C. MACON HUGHES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1531 SCENIC DR  
 City ADA State OK Zip Code 74820-8548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15861674**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2590.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 196 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ROBERT J. HUGIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 ESSEX ROAD  
 City SUMMIT State NJ Zip Code 07901-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CELGENE CORPORATION PRESIDENT & C.E.O.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.15846214**  
 Amount of Each Receipt this Period  
 33400.00  
 CONTRIBUTION

**B. MR. J. C. HUIZENGA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3755 36TH STREET SE  
 City GRAND RAPIDS State MI Zip Code 49512-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HUIZENGA GROUP EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 6000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854837**  
 Amount of Each Receipt this Period  
 6000.00  
 CONTRIBUTION

**C. MRS. SOMPHON HULSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 301  
 City ROCKY FACE State GA Zip Code 30740-0301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 QUINTON MEMORIAL NURSING HOME EMPLOYEE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.15874222**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 39500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 197 OF 756  
(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**

**A. HAROLD E. HUMPHRIES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15250 PRESTONWOOD BLVD APT 335  
 City DALLAS State TX Zip Code 75248-4881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875894**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**B. GRAEME HUNTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 ROYAL TERRACE CT  
 City DALLAS State TX Zip Code 75225-1828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15864441**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C. CHARLES F. HURT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 V E S RD APT C213  
 City LYNCHBURG State VA Zip Code 24503-4628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15847158**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 198 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. RICHARD W. HUSS**

Mailing Address **8616 AQUEDUCT ROAD**

City State Zip Code  
**POTOMAC MD 20854-6249**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**03 / 30 / 2015**

**Transaction ID : SA11.15873384**

Amount of Each Receipt this Period  
**125.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. EILEEN M. HUTCHINSON**

Mailing Address **9960 S OCEAN DR  
APT 1603**

City State Zip Code  
**JENSEN BEACH FL 34957-2460**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**360.00**

Date of Receipt  
**03 / 16 / 2015**

**Transaction ID : SA11.15855596**

Amount of Each Receipt this Period  
**360.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. LILY HWA**

Mailing Address **101 MCLELLAN DR  
2025**

City State Zip Code  
**SOUTH SAN FRANCISCO CA 94080-7520**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
**03 / 09 / 2015**

**Transaction ID : SA11.15885512**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **510.00**

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

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

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

FOR LINE NUMBER: PAGE 199 OF 756  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ELDEN L. ICE**

Mailing Address **62 GOLF CLUB CROSSOVER**

City **CORSSVILLE** State **TN** Zip Code **38571-5727**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**254.00**

Date of Receipt  
**03 / 09 / 2015**  
**Transaction ID : SA11.15848264**

Amount of Each Receipt this Period  
**51.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ELDEN L. ICE**

Mailing Address **62 GOLF CLUB CROSSOVER**

City **CORSSVILLE** State **TN** Zip Code **38571-5727**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**254.00**

Date of Receipt  
**03 / 16 / 2015**  
**Transaction ID : SA11.15855304**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. BONNIE ILLIG**

Mailing Address **12120 STATE LINE RD. #374**

City **LEAWOOD** State **KS** Zip Code **66209-1254**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**17500.00**

Date of Receipt  
**03 / 31 / 2015**  
**Transaction ID : SA11.15878388**

Amount of Each Receipt this Period  
**17500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **17601.00**

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

**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)	PAGE 200 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. CLIFFORD W. ILLIG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11504 PAWNEE CIRCLE  
 City LEAWOOD State KS Zip Code 66211-2943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 17500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878389**  
 Amount of Each Receipt this Period  
 17500.00  
 CONTRIBUTION

**B. MARGARET A. INGRAHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 N ALMOSOR ST  
 City ALHAMBRA State CA Zip Code 91801-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851647**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**C. PETER JABLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5627 AVENUE T  
 City BROOKLYN State NY Zip Code 11234-4703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CITY OF NEW YORK COMPUTER SPECIALIST  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878125**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	18800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 201 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. BRENDA JACKSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1335 HAYSLETTE ROAD

City LEXINGTON State VA Zip Code 24450-6701

FEC ID number of contributing federal political committee. **C**

Name of Employer ARGO GROUP US Occupation CLAIM SUPERVISOR5

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15862734**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

**B. MRS. ELIZABETH JACKSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 169 KINGFISHER CIRCLE

City POOLER State GA Zip Code 31322-9763

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877502**

Amount of Each Receipt this Period  
 150.00

CONTRIBUTION

**C. MR. EVERETT JACOB**  
Full Name (Last, First, Middle Initial)

Mailing Address 230 N CHILTON

City GOLIAD State TX Zip Code 77963-3940

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2015  
**Transaction ID : SA11.15873540**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

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

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JOEY A. JACOBS**

Mailing Address 9229 HUNTERBORO DRIVE

City State Zip Code  
BRENTWOOD TN 37027-6104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ACADIA C.E.O.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
32400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852994**

Amount of Each Receipt this Period  
 32400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT E. JACOBY**

Mailing Address 3080 TIMBERLAKE POINT

City State Zip Code  
PONTE VEDRA FL 32082-3726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.15843314**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. THOMAS JACOBS**

Mailing Address 542 ASHLAND AVE

City State Zip Code  
RIVER FOREST IL 60305-1825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MEDHQ MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15885855**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 33500.00

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

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. LOREN JAHN**

Mailing Address 13149 NORTH COUNTRY CLUB COURT

City State Zip Code  
PALOS HEIGHTS IL 60463-2727

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15871355**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. ANNE K. JAMES**

Mailing Address 2124 SUNRISE KEY BLVD

City State Zip Code  
FORT LAUDERDALE FL 33304-3822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15867865**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. JOANN JARVIS**

Mailing Address 109 WEDGEWOOD LN

City State Zip Code  
KERRVILLE TX 78028-9524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.15843178**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 720.00

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

**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)	PAGE 204 OF 756
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. JOANN JARVIS**

Mailing Address 109 WEDGEWOOD LN

City State Zip Code  
KERRVILLE TX 78028-9524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015  
**Transaction ID : SA11.15878184**

Amount of Each Receipt this Period  
30.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MOHAMMAD JAVED**

Mailing Address 2295 AVALON STREET

City State Zip Code  
BEAUMONT TX 77707-4703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2015  
**Transaction ID : SA11.15865521**

Amount of Each Receipt this Period  
3000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ROY JEFFCOAT**

Mailing Address P.O. BOX 5078

City State Zip Code  
ANDERSON SC 29623-5078

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2015  
**Transaction ID : SA11.15868396**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3280.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 205 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. CHARLOTTE JEFFREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2224 NW 11 AVE  
 City Gainesville State FL Zip Code 32605-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2015  
**Transaction ID : SA11.15839373**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MS. CHARLOTTE JEFFREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2224 NW 11 AVE  
 City Gainesville State FL Zip Code 32605-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15870638**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MS. CHARLOTTE JEFFREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2224 NW 11 AVE  
 City Gainesville State FL Zip Code 32605-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2015  
**Transaction ID : SA11.15873485**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 206 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. CHARLOTTE JEFFREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2224 NW 11 AVE  
 City State Zip Code  
 GAINESVILLE FL 32605-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880098**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MRS. LUCILLE JEWETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2990 BROADWAY ST.  
 City State Zip Code  
 SAN FRANCISCO CA 94115-1062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15847022**  
 Amount of Each Receipt this Period  
 2400.00  
 CONTRIBUTION

**C. JAROMIRA K. JIROTKA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120 GULF BLVD  
 City State Zip Code  
 BELLEAIR BEACH FL 33786-3350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15861689**  
 Amount of Each Receipt this Period  
 450.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2875.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 207 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. EDWARD B. JOBE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47435 E ELDORADO DRIVE  
 City INDIAN WELLS State CA Zip Code 92210-8673  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : SA11.15873170**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MR. BEN JOHNSON III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 632  
 City MANSFIELD State LA Zip Code 71052-0632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation OIL & GAS PRODUCTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2015  
**Transaction ID : SA11.15858420**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**C. MS. LINNEA JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1781 TAYLORSVILLE RD  
 City TAYLORSVILLE State GA Zip Code 30178-1602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JANUS INTL Occupation SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15885851**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 208 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. LISA JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2935 170TH AVE. SE

City BELLEVUE State WA Zip Code 98008-6206

FEC ID number of contributing federal political committee. **C**

Name of Employer OVERLAKE REPRODUCTIVE HEALTH Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15853273**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B. MRS. MARGARET E. JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 52 MISSIONARY RD

City CROMWELL State CT Zip Code 06416-2170

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875520**

Amount of Each Receipt this Period  
 150.00

CONTRIBUTION

**C. MRS. REBECCA JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 257

City PARKER State KS Zip Code 66072-0257

FEC ID number of contributing federal political committee. **C**

Name of Employer MAE RESOURCES Occupation BUSINESS PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872583**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2150.00

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



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

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

FOR LINE NUMBER: PAGE 209 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. RICHARD W. JOHNSTON**

Mailing Address **2099 SW BALATA TERRACE**

City State Zip Code  
**PALM CITY FL 34990-4328**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**550.00**

Date of Receipt  
**03 / 24 / 2015**

**Transaction ID : SA11.15869772**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. RUTH M. JOHNSON**

Mailing Address **25442 SKYWAY DR**

City State Zip Code  
**JOPLIN MO 64801-8813**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**425.00**

Date of Receipt  
**03 / 13 / 2015**

**Transaction ID : SA11.15854068**

Amount of Each Receipt this Period  
**150.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. STEVEN MCDANIELS JOHNSON**

Mailing Address **P.O. BOX 30256**

City State Zip Code  
**SEA ISLAND GA 31561-0256**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SELF-EMPLOYED PHYSICIAN**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**201.00**

Date of Receipt  
**03 / 02 / 2015**

**Transaction ID : SA11.15841298**

Amount of Each Receipt this Period  
**201.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **601.00**

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

**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)	PAGE 210 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. SUZANNE JOHNSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4505 S YOSEMITE ST #107  
 UNIT 107  
 City DENVER State CO Zip Code 80237-2520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : SA11.15880401**  
 Amount of Each Receipt this Period **100.00**  
 CONTRIBUTION

**B. TERRANCE JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6209 W. 2000 RD  
 P.O. BOX 257  
 City PARKER State KS Zip Code 66072-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : SA11.15878394**  
 Amount of Each Receipt this Period **1000.00**  
 CONTRIBUTION

**C. MR. TODD JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 721 RIDGEWOOD ROAD  
 City DULUTH State MN Zip Code 55804-1732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CAPSTAN CORP Occupation BUSINESSMAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 17 / 2015**  
**Transaction ID : SA11.15860608**  
 Amount of Each Receipt this Period **1000.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 211 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. CHARLES MORGAN JONES**

Mailing Address 1785 E INTERSTATE 30

City State Zip Code  
GARLAND TX 75043-4456

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AMERICAN PAWN AND JEWELRY PRESIDENT & C.E.O.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878392**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CHRIS JONES**

Mailing Address 3507 BROADRUN DRIVE

City State Zip Code  
FAIRFAX VA 22033-2164

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FERGUSON STRATEGIES, LLC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15859826**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. CLAYTON M. JONES**

Mailing Address 2059 ISLA VISTA LANE

City State Zip Code  
NAPLES FL 34105-3072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ROCKWELL COLLINS CHAIRMAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854849**

Amount of Each Receipt this Period  
33400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 43650.00

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

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

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

FOR LINE NUMBER: PAGE 212 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. FRANCINE JONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 226 SUSIEANA LANE  
 City KENAI State AK Zip Code 99611-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation FOOD SERVICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.15865294**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MR. JOHN BAILEY JONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 ANATOLE LANE  
 City CLEVELAND State TN Zip Code 37312-8226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15864883**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C. MR. KEN JONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2230 E 49TH ST STE D  
 City TULSA State OK Zip Code 74105-8771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXH AIR COOLERS Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15842935**  
 Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 213 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. RICHARD H. JONES SR.**

Mailing Address 12916 BAY PLANTATION DRIVE

City State Zip Code  
JACKSONVILLE FL 32223-0784

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874708**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WILLIAM ALLAN JONES III**

Mailing Address 450 ANATOLE LANE NW

City State Zip Code  
CLEVELAND TN 37312-8226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHECK INTO CASH INC CEO & FOUNDER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15864885**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DANIEL G. JORDAN**

Mailing Address 12341 W SUNSET BLVD

City State Zip Code  
LOS ANGELES CA 90049-3915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CASE KNAUSER & JORDAN LLP ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15842850**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15500.00

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

**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)	PAGE 214 OF 756
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. LEO JOSEPH</b>		Date of Receipt MM / DD / YYYY 03 / 26 / 2015 <b>Transaction ID : SA11.15872538</b>
Mailing Address 1236 BLUE RIDGE BLVD.		Amount of Each Receipt this Period 250.00
City BIRMINGHAM	State AL	Zip Code 35226-3078
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE4616	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MR. CHARLES P. JOYCE</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 <b>Transaction ID : SA11.15872581</b>
Mailing Address P.O. BOX 1064		Amount of Each Receipt this Period 33400.00
City WELLSVILLE	State NY	Zip Code 14895-
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer OTIS EASTERN SERVICES	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 33400.00	

Full Name (Last, First, Middle Initial) <b>C. MR. JEFFREY J. KANEB</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2015 <b>Transaction ID : SA11.15865538</b>
Mailing Address 7 OLD NECK ROAD		Amount of Each Receipt this Period 1000.00
City MANCHESTER	State MA	Zip Code 01944-1565
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer HP HOOD, LLC	Occupation EXECUTIVE VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	34650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 215 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JASON KAPLAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 60 PARK PLACE, SUITE 200

City NEWARK State NJ Zip Code 07102-5509

FEC ID number of contributing federal political committee. **C**

Name of Employer THE CREDIT PROS Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.15869770**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B. MR. MICAH EL J. KARA**  
Full Name (Last, First, Middle Initial)

Mailing Address 7369 ORANGEWOOD LN APT 302

City BOCA RATON State FL Zip Code 33433-7456

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15855625**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

**C. MR. PAUL KAVINOKY**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 PENNSYLVANIA AVENUE NW, SUITE

City WASHINGTON State DC Zip Code 20004-2630

FEC ID number of contributing federal political committee. **C**

Name of Employer RIO TINTO Occupation CHIEF ADVISOR- EXTERNAL AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15869796**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

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

**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)	PAGE 216 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. ALICE D. KEATING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 206 TIPPETT ST  
City MARBLE HILL State MO Zip Code 63764-8341  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : SA11.15873931**  
Amount of Each Receipt this Period 300.00  
CONTRIBUTION

**B. MR. FRANK W. KEENEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4784 S UPHAM CT  
City LITTLETON State CO Zip Code 80123-6303  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2015  
**Transaction ID : SA11.15864019**  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**C. MR. STEVE KEH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1506 S GLENDALE AVE  
City GLENDALE State CA Zip Code 91205-3316  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2015  
**Transaction ID : SA11.15845126**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1550.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 217 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. BELINDA KEISER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6069 NW 87TH AVENUE  
 City State Zip Code  
 PARKLAND FL 33067-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 KEISER UNIVERSITY VICE CHANCELLOR OF COMMUNITY RELAT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872611**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**B. PAUL W. KELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15911 EDWARDS DR. # 2  
 City State Zip Code  
 AUSTIN TX 78734-1304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AUSTIN ENGINEERING CO. INC ENGINEER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15872535**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. MR. RONALD W. KELLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 354 DRIFTING WIND RUN  
 City State Zip Code  
 DRIPPING SPRINGS TX 78620-4173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2015  
**Transaction ID : SA11.15864783**  
 Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 218 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DANIEL KENIRY**

Mailing Address 701 PENNSYLVANIA AVE, NW  
SUITE 200

City WASHINGTON State DC Zip Code 20004-3610

FEC ID number of contributing federal political committee. **C**

Name of Employer UNITED HEALTH GROUP Occupation VICE PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872606**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. PATRICIA A. KENNELL**

Mailing Address 900 W. GRAND OAK DRIVE

City PEORIA State IL Zip Code 61615-1150

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851603**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. TIMOTHY C. KENNEDY**

Mailing Address 14881 GOLDEN SUNSET CT

City POWAY State CA Zip Code 92064-2759

FEC ID number of contributing federal political committee. **C**

Name of Employer MILLENNIUM HEALTH Occupation SENIOR GLOBAL HEALTHCARE LEADER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15878329**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4500.00

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

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

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

FOR LINE NUMBER: PAGE 219 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JOHN G. KENT**

Mailing Address **58816 E STATE HIGHWAY 96**

City **BOONE** State **CO** Zip Code **81025-**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**03 / 19 / 2015**  
**Transaction ID : SA11.15862751**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. NORMAN M. KENYON**

Mailing Address **9855 SW 69TH AVE.**

City **MIAMI** State **FL** Zip Code **33156-3051**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **PHYSICIAN**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**03 / 23 / 2015**  
**Transaction ID : SA11.15865561**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. SIDDICK KESIR**

Mailing Address **5010 GROVE WEST BLVD. UNIT 807**

City **STAFFORD** State **TX** Zip Code **77477-2620**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  
**03 / 25 / 2015**  
**Transaction ID : SA11.15872618**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **3050.00**

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

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

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

FOR LINE NUMBER: PAGE 220 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ALBERT W. KEY**

Mailing Address P.O. BOX 941

City State Zip Code  
POINT CLEAR AL 36564-0941

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15847741**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ALBERT W. KEY**

Mailing Address P.O. BOX 941

City State Zip Code  
POINT CLEAR AL 36564-0941

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15857100**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. AHMAD H. KHAN**

Mailing Address 6015 CHARRINGTON DRIVE

City State Zip Code  
SPRING TX 77389-2933

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
D.R. HORTON CIVIL ENGINEER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15847653**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

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

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

FOR LINE NUMBER: PAGE 221 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. AHMAD H. KHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6015 CHARRINGTON DRIVE  
 City SPRING State TX Zip Code 77389-2933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer D.R. HORTON Occupation CIVIL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15870833**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MR. AHMAD H. KHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6015 CHARRINGTON DRIVE  
 City SPRING State TX Zip Code 77389-2933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer D.R. HORTON Occupation CIVIL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : SA11.15873639**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MR. AHMAD H. KHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6015 CHARRINGTON DRIVE  
 City SPRING State TX Zip Code 77389-2933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer D.R. HORTON Occupation CIVIL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15874640**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 222 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. GERALD W. KING**

Mailing Address 1503 LYNCHBURG RD.

City State Zip Code  
LAKE ALFRED FL 33850-2643

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KING FARM UNK

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844352**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GERALD W. KING**

Mailing Address 1503 LYNCHBURG RD.

City State Zip Code  
LAKE ALFRED FL 33850-2643

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KING FARM UNK

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15859934**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. HELEN KING**

Mailing Address 1209 SPRING VIEW LN

City State Zip Code  
PLANO TX 75075-2289

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852095**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

**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)	PAGE 223 OF 756
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. CHRIS KINSLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3259 REYNOLDS MILL ROAD

City SEVEN VALLYES	State PA	Zip Code 17360-
-----------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872624**

Amount of Each Receipt this Period  
6500.00

CONTRIBUTION

**B. JON KINSLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 6259 REYNOLDS MILL ROAD

City SEVEN VALLEYS	State PA	Zip Code 17360-8844
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872623**

Amount of Each Receipt this Period  
6500.00

CONTRIBUTION

**C. PAT KINSLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 6259 REYNOLDS MILL ROAD

City SEVEN VALLEYS	State PA	Zip Code 17360-8844
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872621**

Amount of Each Receipt this Period  
6500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	19500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 224 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ROB KINSLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 6259 REYNOLDS MILL ROAD

City SEVEN VALLEYS State PA Zip Code 17360-8844

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6500.00

Date of Receipt  
03 / 25 / 2015  
**Transaction ID : SA11.15872620**

Amount of Each Receipt this Period  
6500.00

CONTRIBUTION

**B. TIM KINSLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 6259 REYNOLDS MILL ROAD

City SEVEN VALLEYS State PA Zip Code 17360-8844

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6500.00

Date of Receipt  
03 / 25 / 2015  
**Transaction ID : SA11.15872622**

Amount of Each Receipt this Period  
6500.00

CONTRIBUTION

**C. MR. STEVE KIRBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 S. PHILLIPS AVE STE 300

City SIOUX FALLS State SD Zip Code 57104-6708

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation VENTURE CAPITAL INVESTMENTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 06 / 2015  
**Transaction ID : SA11.15845831**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 18000.00

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



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

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

FOR LINE NUMBER: PAGE 225 OF 756  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. LEONARD M. KIRK**

Mailing Address **6 HUNTER DRIVE**

City State Zip Code  
**BEL AIR MD 21014-3934**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**450.00**

Date of Receipt  
**03 / 30 / 2015**

**Transaction ID : SA11.15877780**

Amount of Each Receipt this Period  
**150.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. LAWRENCE D. KISER**

Mailing Address **2109 MENTON PLACE**

City State Zip Code  
**CARROLLTON TX 75006-4319**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
**03 / 05 / 2015**

**Transaction ID : SA11.15843650**

Amount of Each Receipt this Period  
**125.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. LAWRENCE D. KISER**

Mailing Address **2109 MENTON PLACE**

City State Zip Code  
**CARROLLTON TX 75006-4319**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
**03 / 30 / 2015**

**Transaction ID : SA11.15873314**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **375.00**

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

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. JANET A. KJELLSTROM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5901 CHURCHVIEW DR. APT. 26  
 City State Zip Code  
 ROCKFORD IL 61107-2589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844904**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MS. JANET A. KJELLSTROM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5901 CHURCHVIEW DR. APT. 26  
 City State Zip Code  
 ROCKFORD IL 61107-2589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.15859653**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. MR. PETER KLAASSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8300 BURDETTE RD APT 411  
 City State Zip Code  
 BETHESDA MD 20817-2828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15840858**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. BETTY J. KNOWLTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5990 BELL RD  
 City Patterson State GA Zip Code 31557-5829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15852884**  
 Amount of Each Receipt this Period 70.00  
 CONTRIBUTION

**B. BETTY J. KNOWLTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5990 BELL RD  
 City Patterson State GA Zip Code 31557-5829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15862376**  
 Amount of Each Receipt this Period 70.00  
 CONTRIBUTION

**C. MR. TOM J. KNUDSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 140 WEST END AVENUE, APT 30J  
 City NEW YORK State NY Zip Code 10023-6149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 20 / 2015  
**Transaction ID : SA11.15864588**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 165.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. TOM J. KNUDSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 140 WEST END AVENUE, APT 30J  
 City NEW YORK State NY Zip Code 10023-6149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15873390**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MR. DAVID H. KOCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2256  
 City WICHITA State KS Zip Code 67201-2256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KOCH INDUSTRIES Occupation EXECUTIVE VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 30000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15878374**  
 Amount of Each Receipt this Period 30000.00  
 CONTRIBUTION

**C. MRS. JULIA F. KOCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2256  
 City WICHITA State KS Zip Code 67201-2256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 30000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15878386**  
 Amount of Each Receipt this Period 30000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. MARCELLA KOENIG**  
 Mailing Address 116 1ST AVE NW APT 110  
 City State Zip Code  
 NEW PRAGUE MN 56071-1520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15864436**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. MICHAEL KOERNER**  
 Mailing Address 9801 W PARMER LN APT 114  
 City State Zip Code  
 AUSTIN TX 78717-4603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15862677**  
 Amount of Each Receipt this Period  
 375.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. PHILIP KOHLS**  
 Mailing Address 523 LAKE AVE.  
 City State Zip Code  
 SAINT PAUL MN 55110-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ALLIED HEALTH GROUP PHARMACIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.15843787**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. YUSUF M. KOLOGLU**

Mailing Address 911 BAYSIDE

City State Zip Code  
BREEZY POINT NY 11697-1136

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.15843083**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. YUSUF M. KOLOGLU**

Mailing Address 911 BAYSIDE

City State Zip Code  
BREEZY POINT NY 11697-1136

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844181**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. STELLA KONIECPOLSKI**

Mailing Address 5775 COLLINS AVENUE  
APARTMENT 509

City State Zip Code  
MIAMI BEACH FL 33140-2350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SOS FOOD LAB INC. INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15865807**

Amount of Each Receipt this Period  
400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. BARRY KOTLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3405 N. 163RD DR.  
 City GOODYEAR State AZ Zip Code 85395-2810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15842516**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. BARRY KOTLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3405 N. 163RD DR.  
 City GOODYEAR State AZ Zip Code 85395-2810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15855127**  
 Amount of Each Receipt this Period  
 15.00  
 CONTRIBUTION

**C. BARRY KOTLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3405 N. 163RD DR.  
 City GOODYEAR State AZ Zip Code 85395-2810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.15870076**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. STEPHEN KOTRAN**

Mailing Address 318 W. 78TH STREET

City State Zip Code  
NEW YORK NY 10024-6503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SULLIVAN & CROMWELL LLP ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15849309**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MICHAEL A. KRESSLER**

Mailing Address 111 4TH AVENUE S.E.

City State Zip Code  
GLEN BURNIE MD 21061-3613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851576**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MICHAEL A. KRESSLER**

Mailing Address 111 4TH AVENUE S.E.

City State Zip Code  
GLEN BURNIE MD 21061-3613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15871351**

Amount of Each Receipt this Period  
40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2090.00

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



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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. TED KRETZSCHMAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5011 LONDON WALK  
 City State Zip Code  
 MIAMI FL 33138-2257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 50 STATE SECURITY EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15885863**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B. BILL KROCHALIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 226 LINDSEY PLACE  
 City State Zip Code  
 MARIETTA GA 30067-4235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15850535**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C. MR. JOHN A. KROL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4851 BONITA BAY BLVD PH101  
 City State Zip Code  
 BONITA SPRINGS FL 34134-3618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15879373**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. PAUL KRUSE**  
 Mailing Address 3880 MUSTANG ROAD  
 City State Zip Code  
 BRENHAM TX 77833-9260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BLUE BELL CREAMERIES PRESIDENT & CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15865536**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. DEB KUCHARCZYK**  
 Mailing Address 97 WOODEDGE RD  
 City State Zip Code  
 MANHASSET NY 11030-1547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED SELF-EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15846292**  
 Amount of Each Receipt this Period  
 325.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DUANE KUEHN**  
 Mailing Address 436 E. BRANDON DR.  
 City State Zip Code  
 BISMARCK ND 58503-0409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2015  
**Transaction ID : SA11.15839362**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 235 OF 756
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DUANE KUEHN**

Mailing Address 436 E. BRANDON DR.

City BISMARCK	State ND	Zip Code 58503-0409
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : SA11.15880323**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. THOMAS R. KUHN**

Mailing Address 7101 SAUNDERS COURT

City WEST BETHESDA	State MD	Zip Code 20817-4102
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer EDISON ELECTRIC INSTITUTE	Occupation PRESIDENT
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

**Transaction ID : SA11.15872597**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. J. WAYNE KYLE**

Mailing Address 204 TIMBERLANE DR

City CARTHAGE	State TX	Zip Code 75633-2231
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

**Transaction ID : SA11.15862429**

Amount of Each Receipt this Period  
165.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 236 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. LYNNE LACHENMYER**

Mailing Address 2320 CEDAR ELM TER.

City WESTLAKE State TX Zip Code 76262-9030

FEC ID number of contributing federal political committee. **C**

Name of Employer EXXON MOBIL Occupation ENGINEER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872586**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. SCOTT LAGANGA**

Mailing Address 1024 N UTAH ST. APT. 318

City ARLINGTON State VA Zip Code 22201-5734

FEC ID number of contributing federal political committee. **C**

Name of Employer PHRMA Occupation SENIOR VICE PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881277**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JAMES LAGO**

Mailing Address 3325 LIZARD HEAD LN

City SEDONA State AZ Zip Code 86336-3025

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15854268**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

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

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

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

FOR LINE NUMBER: PAGE 237 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. CHALTON JEROME LANE JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 509 CRESTVIEW DRIVE  
 City STATESBORO State GA Zip Code 30458-9167  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15878384**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. MITCHELL R. LANGSTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 CABLE CT  
 City BRANDON State MS Zip Code 39042-1996  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FREDS Occupation REG PHARMACIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15859990**  
 Amount of Each Receipt this Period 115.00  
 CONTRIBUTION

**C. BLAIR LARKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1109 N PITT ST APT 2A  
 City ALEXANDRIA State VA Zip Code 22314-1463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BOCKORNY GROUP Occupation GOVERNMENTAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 01 / 2015  
**Transaction ID : SA11.15839371**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5315.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 238 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. BLAIR LARKINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1109 N PITT ST  
APT 2A

City ALEXANDRIA State VA Zip Code 22314-1463

FEC ID number of contributing federal political committee. **C**

Name of Employer BOCKORNY GROUP Occupation GOVERNMENTAL AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
03 / 29 / 2015  
**Transaction ID : SA11.15873513**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**B. MR. DONALD E. LARSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 LONGMEADOW DR.

City BARRINGTON State IL Zip Code 60010-9364

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
03 / 09 / 2015  
**Transaction ID : SA11.15848020**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**C. MR. TOBIAS B. LATHAM III**  
Full Name (Last, First, Middle Initial)

Mailing Address 6009 EAST 106TH STREET

City TULSA State OK Zip Code 74137-7001

FEC ID number of contributing federal political committee. **C**

Name of Employer GBR PROPERTIES Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : SA11.15865539**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2400.00

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

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

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

FOR LINE NUMBER: PAGE 239 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ROBERT O. LAVEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58590 SUMMIT RIDGE RD.  
 City MISHAWAKA State IN Zip Code 46544-6475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.15843517**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MR. JOHN W. LAWRENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 435 DOCKSIDE DR. #801  
 City NAPLES State FL Zip Code 34110-3605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15850297**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C. MR. TIMOTHY LAWRENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 5TH ST NW SECOND FLOOR  
 City WASHINGTON State DC Zip Code 20001-2752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PHRMA Occupation SENIOR VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881276**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 240 OF 756
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. ARTHUR M. LAZARUS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 48 TILLOU RD WEST  
City SOUTH ORANGE State NJ Zip Code 07079-1357  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : SA11.15873246**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. LUCIA LEBENS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 161 BARRETT PLACE  
City ALEXANDRIA State VA Zip Code 22304-7763  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ACA INTERNATIONAL Occupation GOVERNMENT AFFAIRS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : SA11.15873257**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. AMAND LEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 7TH AVE #310  
City SAN DIEGO State CA Zip Code 92101-7177  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EPSILON Occupation SUPPLY SPECIALIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 20 / 2015  
**Transaction ID : SA11.15869820A**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
CHARGED BACK \$100.00 ON 03/25/2015

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 241 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. AMAND LEE**  
 Mailing Address 325 7TH AVE #310  
 City State Zip Code  
 SAN DIEGO CA 92101-7177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 EPSILON SUPPLY SPECIALIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15869820B**  
 Amount of Each Receipt this Period  
 -100.00  
 CONTRIBUTION  
 CHARGED BACK

Full Name (Last, First, Middle Initial)  
**B. DR. GEORGE C. LEE**  
 Mailing Address 1749 LAS PALMITAS ST  
 City State Zip Code  
 SO.PASADENA CA 91030-3530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11.15849182**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HOWARD J. LEE**  
 Mailing Address 7849 E MONTE AVE  
 City State Zip Code  
 MESA AZ 85209-6176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875216**  
 Amount of Each Receipt this Period  
 70.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 270.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 242 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. MILDRED L. LEE**

Mailing Address 1000 W CENTURY AVE APT 205

City State Zip Code  
BISMARCK ND 58503-0916

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15849630**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DON LEFEVE**

Mailing Address 2016 GLEN DRIVE

City State Zip Code  
ALEXANDRIA VA 22307-1137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CVTA PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15865501**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. PETER A. LEFKIN**

Mailing Address 4112 38TH STREET NW

City State Zip Code  
WASHINGTON DC 20016-2218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15882807**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

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

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

FOR LINE NUMBER: PAGE 243 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. ONA F. LESTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 HUMPHRIES RD. NW  
 City State Zip Code  
 CONYERS GA 30012-2015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 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  
 03 / 02 / 2015  
**Transaction ID : SA11.15839434**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. MRS. ONA F. LESTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 HUMPHRIES RD. NW  
 City State Zip Code  
 CONYERS GA 30012-2015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 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  
 03 / 10 / 2015  
**Transaction ID : SA11.15849724**  
 Amount of Each Receipt this Period  
 320.00  
 CONTRIBUTION

**C. MR. HERBERT A. LEVIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 724 E GRINNELL DR  
 City State Zip Code  
 BURBANK CA 91501-1720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CA DEPARTMENT OF JUSTICE ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15842506**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 420.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 244 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HERBERT A. LEVIN**

Mailing Address 724 E GRINNELL DR

City State Zip Code  
BURBANK CA 91501-1720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CA DEPARTMENT OF JUSTICE ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15856126**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HERBERT A. LEVIN**

Mailing Address 724 E GRINNELL DR

City State Zip Code  
BURBANK CA 91501-1720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CA DEPARTMENT OF JUSTICE ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15876097**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. CAROLE A. LEWIS**

Mailing Address 4020 N CEDAR ST.

City State Zip Code  
SPOKANE WA 99205-1319

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15865902**

Amount of Each Receipt this Period  
145.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 295.00

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

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

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

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(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. CAROLE A. LEWIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4020 N CEDAR ST.  
 City SPOKANE State WA Zip Code 99205-1319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15874843**  
 Amount of Each Receipt this Period 145.00  
 CONTRIBUTION

**B. MRS. RUTH E. LINDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39 TEAPOT HILL RD.  
 City WILTON State CT Zip Code 06897-1516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : SA11.15873900**  
 Amount of Each Receipt this Period 160.00  
 CONTRIBUTION

**C. MR. ROBERT D. LINDNER SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3955 MONTGOMERY RD  
 City CINCINNATI State OH Zip Code 45212-3733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNITED DAIRY FARMERS Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15872574**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5305.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. MAJORIE R. LINDSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10202 DUTCH IRIS DR.  
 City BAKERSFIELD State CA Zip Code 93311-3770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : SA11.15854061**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION

**B. DR. FREDERIC E. LISS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 544 CHURCH ROAD  
 City MALVERN State PA Zip Code 19355-8672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15854853**  
 Amount of Each Receipt this Period 4000.00  
 CONTRIBUTION

**C. NELSON LITTERST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1655 N. GREENBRIER ST.  
 City ARLINGTON State VA Zip Code 22205-3627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FTI CONSULTING Occupation CONSULTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15880356**  
 Amount of Each Receipt this Period 1500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5650.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input 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
	PAGE 247 OF 756

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DONALD L. LJUNGREN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 945 CENTURY AVE SW APT 214  
City HUTCHINSON State MN Zip Code 55350-3792  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15873320**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**B. MRS. ANNE HARRIS LLOYD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 106 VISTA ROSE COURT  
City CARY State NC Zip Code 27513-6013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MARTIN MARIETTA MATERIALS, INC. Occupation CHIEF FINANCIAL OFFICER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15852996**  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**C. MR. WILLIAM P. LOFTUS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 343 GRAYS LANE  
City HAVERFORD State PA Zip Code 19041-1818  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ACCENTURE Occupation MANAGING DIRECTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 10 / 2015  
**Transaction ID : SA11.15849195**  
Amount of Each Receipt this Period 5000.00  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 248 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MARK D. LONERGAN**

Mailing Address **234 BUNGALOW TER**

City State Zip Code  
**MILLINGTON NJ 07946-1508**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**03 / 26 / 2015**  
**Transaction ID : SA11.15872884**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. RYAN LONG**

Mailing Address **16 S. LEXINGTON STREET**

City State Zip Code  
**ARLINGTON VA 22204-1145**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**BGR GROUP CONSULTANT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  
**03 / 21 / 2015**  
**Transaction ID : SA11.15864796**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RICHARD E. LONGMIRE**

Mailing Address **38421 BRANDYWINE AVE**

City State Zip Code  
**PALM DESERT CA 92211-1557**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**03 / 18 / 2015**  
**Transaction ID : SA11.15859622**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **550.00**

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



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

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

FOR LINE NUMBER: PAGE 249 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. W. MARVIN LOSEY**  
 Mailing Address **6270 WISMER CIRCLE**  
 City State Zip Code  
**DUBLIN OH 43016-8474**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**RETIRED RETIRED**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**03 / 13 / 2015**  
**Transaction ID : SA11.15854163**  
 Amount of Each Receipt this Period  
**300.00**  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RICK LOWE**  
 Mailing Address **6751 DESPERADO RD**  
 City State Zip Code  
**SOMERSET CA 95684-9223**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**220.00**

Date of Receipt  
**03 / 16 / 2015**  
**Transaction ID : SA11.15857150**  
 Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RICK LOWE**  
 Mailing Address **6751 DESPERADO RD**  
 City State Zip Code  
**SOMERSET CA 95684-9223**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**220.00**

Date of Receipt  
**03 / 31 / 2015**  
**Transaction ID : SA11.15879552**  
 Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **400.00**  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 250 OF 756
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MICHAEL LUBIN**

Mailing Address 1235 VIEW DRIVE

City SAN LEANDRO State CA Zip Code 94577-5334

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15871154**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HENRY A. LUBSEN**

Mailing Address 2150 SPYGLASS HILL

City CENTER VALLEY State PA Zip Code 18034-8912

FEC ID number of contributing federal political committee. **C**

Name of Employer AFILIAS Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15845832**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. KEITH LUBSEN**

Mailing Address PO BOX 557

City FORT WASHINGTON State PA Zip Code 19034-0557

FEC ID number of contributing federal political committee. **C**

Name of Employer AFILIAS Occupation INTERNET

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15845840**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5250.00

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

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ROBERT P. LUCIANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 SAVANNAH PL.  
 City VERO BEACH State FL Zip Code 32963-4763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15870775**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. MS. CAROLYN LUDWIG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5104 AUBURNDALE AVE  
 City COLLEYVILLE State TX Zip Code 76034-5199  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : SA11.15872426**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MR. TIMOTHY D. LUING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 OAK ROAD  
 City SADDLE RIVER State NJ Zip Code 07458-3029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BERKELEY COLLEGE Occupation ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15872577**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 252 OF 756  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DR. JEFFERY LUNA**

Mailing Address 219 EASTWOOD AVE

City State Zip Code  
LIVINGSTON TX 77351-3342

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LIVINGSTON CLINIC PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15869798**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. KATHI LYONS**

Mailing Address 6 WORTHSHAM DRIVE

City State Zip Code  
SAN ANTONIO TX 78257-2600

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VALERO ENERGY ADMIN.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15870777**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. KATHI LYONS**

Mailing Address 6 WORTHSHAM DRIVE

City State Zip Code  
SAN ANTONIO TX 78257-2600

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VALERO ENERGY ADMIN.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.15894270**

Amount of Each Receipt this Period  
-250.00

CONTRIBUTION

CHARGED BACK

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

**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)	PAGE 253 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. QUINN TIMOTHY LYZUN</b>		Date of Receipt
Mailing Address 91 STRATFORD RD		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
NEEDHAM	MA	02492-1455
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.15871704</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
OPTOS	PRESIDENT	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR. JEFFREY M. MACKINNON</b>		Date of Receipt
Mailing Address 1634 I ST NW		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20006-4003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.15854521</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RMVB	LOBBYIST	<input type="text" value="12500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="12500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR. RODERICK MACPHERSON JR.</b>		Date of Receipt
Mailing Address 12182 FOSTER RD		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
LOS ALAMITOS	CA	90720-4602
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.15841181</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MR. STAX INC	RESTAURANT EXECUTIVE	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="12850.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. RODERICK MACPHERSON JR.**

Mailing Address 12182 FOSTER RD

City State Zip Code  
LOS ALAMITOS CA 90720-4602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MR. STAX INC RESTAURANT EXECUTIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15871097**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HENRY MADLEY**

Mailing Address 3648 62ND AVE E

City State Zip Code  
BRADENTON FL 34203-5429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.15843203**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HENRY MADLEY**

Mailing Address 3648 62ND AVE E

City State Zip Code  
BRADENTON FL 34203-5429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15866097**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

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

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

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

FOR LINE NUMBER: PAGE 255 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. VARGHESE MALIEKEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 238 LAKE STREET  
 City LIBERTYVILLE State IL Zip Code 60048-1814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOLLISTER, INC. Occupation C.E.O.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15878368**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. MR. MIKE C. MALLOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 207 BAY BRIDGE DR  
 City SUGAR LAND State TX Zip Code 77478-4739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : SA11.15841201**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MR. MIKE C. MALLOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 207 BAY BRIDGE DR  
 City SUGAR LAND State TX Zip Code 77478-4739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15860376**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 256 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. COLLEEN MALONEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1215 N ST NW  
 APT 3  
 City WASHINGTON State DC Zip Code 20005-5113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PHRMA Occupation DIRECTOR, FEDERAL ADVOCACY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15881274**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. DR. DHARAM P. MANN M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 EMBRY FARM ROAD  
 City MARLBORO State NJ Zip Code 07746-1081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15853276**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**C. DR. DHARAM P. MANN M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 EMBRY FARM ROAD  
 City MARLBORO State NJ Zip Code 07746-1081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15874706**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 10250.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 257 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. DAVID D. MAROLD**

Mailing Address 5110 SAN FELIPE STREET 362W

City State Zip Code  
HOUSTON TX 77056-3674

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED SELF-EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15879306**

Amount of Each Receipt this Period  
225.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. REGINALD MARSH**

Mailing Address 58 E AVENIDA DE LAS FLORES

City State Zip Code  
THOUSAND OAKS CA 91360-3103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15840875**

Amount of Each Receipt this Period  
55.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. REGINALD MARSH**

Mailing Address 58 E AVENIDA DE LAS FLORES

City State Zip Code  
THOUSAND OAKS CA 91360-3103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15848734**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 330.00

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

**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)	PAGE 258 OF 756		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. WARNER MARSHALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8621 HERSON GLEN DR.  
 City CHARLOTTE State NC Zip Code 28269-6227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA11.15872521**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MR. FRANCIS J. MARTIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21010 OAKLEY HILL CT  
 City RICHMOND State TX Zip Code 77406-7058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15862295**  
 Amount of Each Receipt this Period 180.00  
 CONTRIBUTION

**C. MS. JOSEPHINE C. MARTIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1815 N. HIGHLAND STREET  
 City ARLINGTON State VA Zip Code 22201-5128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PHRMA Occupation EXECUTIVE VICE PRESIDENT PUBLIC AFFA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15881272**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1430.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 259 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MICHAEL E. MARTINO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 329 MARIOMI RAOD  
 City NEW CANAAN State CT Zip Code 06840-3318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASON CAPITAL MANAGEMENT Occupation SELF-EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880325**  
 Amount of Each Receipt this Period  
 33400.00  
 CONTRIBUTION

**B. DR. DAVID E. MASON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5857 TIMBERGATE DR APT 1151  
 City CORPUS CHRISTI State TX Zip Code 78414-4239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15873401**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. VINCENT M. MASSINA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 SO OCEAN BLVD  
 City BOCA RATON State FL Zip Code 33432-6265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer H.M. HUGHES CO., INC. Occupation GENERAL CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15849198**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	34500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 260 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. VINCENT M. MASSINA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 SO OCEAN BLVD  
 City BOCA RATON State FL Zip Code 33432-6265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer H.M. HUGHES CO., INC. Occupation GENERAL CONTRACTOR  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **850.00**

Date of Receipt **03 / 30 / 2015**  
**Transaction ID : SA11.15874651**  
 Amount of Each Receipt this Period **250.00**  
 CONTRIBUTION

**B. MR. BOB C. MATHWIG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109-OLDING RD SUITE 200  
 City BREMERTON State WA Zip Code 98312-1806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FPH MANAGER Occupation SELF-EMPLOYED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 23 / 2015**  
**Transaction ID : SA11.15869310**  
 Amount of Each Receipt this Period **250.00**  
 CONTRIBUTION

**C. MR. JOHN K. MATNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2700 LEE HWY  
 City BRISTOL State VA Zip Code 24202-5873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation OWNER  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2000.00**

Date of Receipt **03 / 09 / 2015**  
**Transaction ID : SA11.15849307**  
 Amount of Each Receipt this Period **2000.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 261 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. J. JONES MATTHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 176  
 City ABILENE State TX Zip Code 79604-0176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 03 / 20 / 2015  
**Transaction ID : SA11.15865526**  
 Amount of Each Receipt this Period 15000.00  
 CONTRIBUTION

**B. MR. DANIEL JAMES MATTOON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6344 CAVALIER CORRIDOR  
 City FALLS CHURCH State VA Zip Code 22044-1203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MATTOON & ASSOCIATES Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15881315**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**C. MRS. BETTY C. MAULER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2525 POT SPRING RD UNIT L525  
 City LUTHERVILLE TIMONIUM State MD Zip Code 21093-2872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15874821**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 20100.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 262 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. JAMES MAY</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2015 <b>Transaction ID : SA11.15866407</b>
Mailing Address 3223 RIVIERA DR		Amount of Each Receipt this Period 250.00
City SUGAR LAND	State TX	Zip Code 77479-2491
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MR. GEORGE L. MAYER</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15879322</b>
Mailing Address 2 ANDREWS RD		Amount of Each Receipt this Period 500.00
City ESSEX	State CT	Zip Code 06426-1311
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer MANHATTAN REALTY GROUP	Occupation REAL ESTATE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. MR. ROBERT F. MAYS</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 <b>Transaction ID : SA11.15873786</b>
Mailing Address 590 ISAAC PRUSHWAY		Amount of Each Receipt this Period 1000.00
City DAYTON	State OH	Zip Code 45429-3482
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 263 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. KENNETH MCBETH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10020 COTTON FARM ROAD  
 City State Zip Code  
 FAIRFAX VA 22032-1609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.15870074**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MR. OWEN D. MCBRIDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1275 NORWAY PT. # 7  
 City State Zip Code  
 SAINT PAUL MN 55123-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15865769**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. MR. CHARLES MCCARTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 SHADOWOOD DR  
 City State Zip Code  
 MARSHALL TX 75672-1317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 247.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15860118**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 264 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JOHN MCCARTHY**

Mailing Address 413 JARVIS LANE

City State Zip Code  
LOUISVILLE KY 40207-1310

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MCCARTHY STRATEGIC SOLUTIONS GENERAL PARTNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15854740**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. PHILIP E. MCCARTHY**

Mailing Address 24 TUBWRECK DR

City State Zip Code  
DOVER MA 02030-1836

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878624**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. WILLIAM J. MCCARTHY**

Mailing Address 330 MONTGOMERY ST APT 105

City State Zip Code  
SYRACUSE NY 13202-2048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15859969**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 10400.00

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



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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. SUSAN RASINSKI MCCA**  
 Mailing Address P.O. BOX 2908  
 City State Zip Code  
 KIRKLAND WA 98083-2908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 COM INVESTMENTS, LLC EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15878319**  
 Amount of Each Receipt this Period  
 33400.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MICHAEL K. MCCORMICK**  
 Mailing Address 8030 FIRE PINK LANE  
 City State Zip Code  
 CEDAR HILL MO 63016-3415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TRIAD MANUFACTURING BUSINESS OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15851033**  
 Amount of Each Receipt this Period  
 400.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. D. SCOTT MCCULLOUGH**  
 Mailing Address PO BOX295  
 City State Zip Code  
 BOOTHBAY ME 04537-0295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851051**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 33825.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JOHN MCDONNELL**

Mailing Address **609 CLIFFGATE LANE**

City State Zip Code  
**CASTLE ROCK CO 80108-8395**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1565.00**

Date of Receipt  
**03 / 30 / 2015**

**Transaction ID : SA11.15873277**

Amount of Each Receipt this Period  
**1565.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. THOMAS J. MCGILL**

Mailing Address **190 W ALLENDALE AVE**

City State Zip Code  
**ALLENDALE NJ 07401-1723**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**03 / 24 / 2015**

**Transaction ID : SA11.15870048**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. KATHLEEN MCGOWAN-CARNES**

Mailing Address **100 EMMEN ROAD**

City State Zip Code  
**NEW BERN NC 28562-9117**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**ROCKTENN MARKETING**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**03 / 25 / 2015**

**Transaction ID : SA11.15885845**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **2165.00**

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. RICHARD E. MCHENRY**  
 Mailing Address 1010 WILLOWCREEK RD  
 City State Zip Code  
 CLEBURNE TX 76033-6136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844574**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. LLOYD MCKENZIE**  
 Mailing Address 4221 SARATOGA AVE 203A  
 City State Zip Code  
 DOWNERS GROVE IL 60515-1937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851313**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. DOUGLAS E. MCKINNEY**  
 Mailing Address 127 WILLIS AVE  
 City State Zip Code  
 BRIDGEPORT WV 26330-1545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 V.A. PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854842**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1225.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DR. DOUGLAS E. MCKINNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 127 WILLIS AVE  
 City BRIDGEPORT State WV Zip Code 26330-1545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer V.A. Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15854845**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**B. MR. DRAYTON MCLANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 NORTH APACHE DRIVE  
 City TEMPLE State TX Zip Code 76504-2863  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 03 / 05 / 2015  
**Transaction ID : SA11.15846213**  
 Amount of Each Receipt this Period 33400.00  
 CONTRIBUTION

**C. MR. BRUCE A. MCLEOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106402 N HARRINGTON RD.  
 City WEST RICHLAND State WA Zip Code 99353-9794  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15851432**  
 Amount of Each Receipt this Period 333.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 34733.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ARIS MCMAHON**

Mailing Address 6908 PARK TERRACE DRIVE

City State Zip Code  
ALEXANDRIA VA 22307-1723

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ADVANTAGE, INC. CONSULTANT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.15843030**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. LINDA E. MCMAHON**

Mailing Address 14 HURLINGHAM DRIVE

City State Zip Code  
GREENWICH CT 06831-2739

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15846229**

Amount of Each Receipt this Period  
33400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JIM H. MCMANUS JR.**

Mailing Address 88 CHESTNUT ST

City State Zip Code  
WESTON MA 02493-1533

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED COMM. REAL ESTATE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15885703**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 34900.00

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOHN MCMANUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2082 GRACE MANOR CT  
 City State Zip Code  
 MC LEAN VA 22101-4900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 THE MCMANUS GROUP CONSULTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15849205**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B. MR. LARRY MCSWEENEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3460 COUNTY ROAD 15  
 City State Zip Code  
 SOUTH POINT OH 45680-7596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED BUSINESS OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11.15850576**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**C. MR. EDWIN MEADE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1600 WESTBROOK CT  
 APT 3144  
 City State Zip Code  
 RICHMOND VA 23227-3337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15848265**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. EDWIN MEADE**

Mailing Address 1600 WESTBROOK CT  
APT 3144

City Richmond State VA Zip Code 23227-3337

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15854250**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ARTHUR R. MEARS**

Mailing Address 1340 S OCEAN BLVD APT 2008

City Pompano Beach State FL Zip Code 33062-6909

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15861637**

Amount of Each Receipt this Period  
210.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. BRAD MEFFERD**

Mailing Address 26349 LAUREL LANE

City Perrysburg State OH Zip Code 43551-5704

FEC ID number of contributing federal political committee. **C**

Name of Employer BUCKEYE CABLEVISION, INC. Occupation CHIEF ADMINISTRATIVE OFFICER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2015  
**Transaction ID : SA11.15864842**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 560.00

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. JO ANNE MEIROVITCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1505 HIGHLAND CIR.  
 City BLACKSBURG State VA Zip Code 24060-5668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15855394**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. S. ISAAC MEKEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1641 3RD AVE  
 City NEW YORK State NY Zip Code 10128-3623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN SOCIETY FOR YAD VASHEM Occupation DIRECTOR OF DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA11.15873060**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MR. ROBERT O. MENKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4901 INTREPID DR.  
 City LAS VEGAS State NV Zip Code 89130-0162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2015  
**Transaction ID : SA11.15843508**  
 Amount of Each Receipt this Period 75.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5575.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ROBERT O. MENKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4901 INTREPID DR.  
 City LAS VEGAS State NV Zip Code 89130-0162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15852849**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MR. ROBERT O. MENKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4901 INTREPID DR.  
 City LAS VEGAS State NV Zip Code 89130-0162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2015  
**Transaction ID : SA11.15863354**  
 Amount of Each Receipt this Period 75.00  
 CONTRIBUTION

**C. MR. BARRANT V. MERRILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3525 POLO DR  
 City DELRAY BEACH State FL Zip Code 33483-7423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.15864736**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 625.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MICHAEL A. MERRIMAN**

Mailing Address 300 W. 11TH STREET

City State Zip Code  
KANSAS CITY MO 64105-1618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
17500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15846227**

Amount of Each Receipt this Period  
17500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. REINALDO MESA**

Mailing Address 3632 CHURCHILL DOWNS DR

City State Zip Code  
DAVIE FL 33328-1307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PRUDENTIAL FLORIDA REALTY REALTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15878323**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. CARROL E. MEYER**

Mailing Address 27671 EASTVALE RD

City State Zip Code  
PLS VRDS PNSL CA 90274-4022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15868304**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 18250.00

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DANIEL P. MEYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2506 DUXBURY PLACE  
 City State Zip Code  
 ALEXANDRIA VA 22308-2138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DUBERSTEIN GROUP PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15870641**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. MR. J. W. MIDDENDORF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1037  
 City State Zip Code  
 LITTLE COMPTON RI 02837-0337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15863112**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C. MR. JOHN J. MIKK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 PINE BARK CT  
 City State Zip Code  
 BRINKLOW MD 20862-9716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CABINET DISCOUNTERS PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877692**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DOUGLAS MILLER**

Mailing Address **41 AIRSTRIP DRIVE MILL HALL**

City State Zip Code  
**MILL HALL PA 17751-**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**CENTRAL PA AUTO AUCTION VICE PRESIDENT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2000.00**

Date of Receipt  
**03 / 20 / 2015**

**Transaction ID : SA11.15865535**

Amount of Each Receipt this Period  
**2000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DUANE MILLER**

Mailing Address **9 WINDING WAY**

City State Zip Code  
**WILMINGTON DE 19807-1749**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**411.00**

Date of Receipt  
**03 / 10 / 2015**

**Transaction ID : SA11.15849679**

Amount of Each Receipt this Period  
**205.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. GLYNNE D. MILLER**

Mailing Address **755 S. EDGEVIEW CIRCLE**

City State Zip Code  
**ANAHEIM CA 92808-1402**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**EXCEL TIRE & WHEEL SALES/MARKETING**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**525.00**

Date of Receipt  
**03 / 10 / 2015**

**Transaction ID : SA11.15849250**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **2230.00**

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

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HARVEY L. MILLER**

Mailing Address 1538 BRAE BURN DR.

City State Zip Code  
RIVERWOODS IL 60015-1710

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.15870219**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JAMES D. MILLER**

Mailing Address 4936 BLUEBIRD LN

City State Zip Code  
DALTON OH 44618-9299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED TRUCK DRIVER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875133**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JAMES MILTON**

Mailing Address 12101 TURTLE BEACH RD

City State Zip Code  
NORTH PALM BEACH FL 33408-2940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.1584464**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3750.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. PAUL MITCHELL III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1760 GLENCAIRN DRIVE  
 City SAGINAW State MI Zip Code 48609-9214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872595**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**B. MR. MARK R. MITTAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 845 GAGE DR.  
 City SAN DIEGO State CA Zip Code 92106-2937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MONTEZUMA EQUITIES BROKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15845835**  
 Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**C. MR. DAVID THOMSON MOHLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 W. IRVING STREET  
 City CHEVY CHASE State MD Zip Code 20815-4218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 EAST END GROUP MANAGING PARTNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878367**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 14000.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. SUE MOLONEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 50  
 City State Zip Code  
 KEY WEST FL 33041-0050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.15840662**  
 Amount of Each Receipt this Period  
 125.00  
 CONTRIBUTION

**B. MR. ANTHONY P. MONTALBANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3060 STATE ROAD 13  
 City State Zip Code  
 ST. JOHNS COUNTY FL 32259-9266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15874659**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. CARA MOON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2022 N KENSINGTON ST  
 City State Zip Code  
 ARLINGTON VA 22205-3210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PHRMA FEDERAL AFFAIRS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881266**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. DONNA M. MOORE**  
 Mailing Address 7000 SW 130TH AVENUE  
 City State Zip Code  
 BEAVERTON OR 97008-5116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15865946**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HAROLD R. MOORE**  
 Mailing Address 143 KINGFISHER CIR  
 City State Zip Code  
 POOLER GA 31322-9763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED ENGINEER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15850104**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HENRY I. MOREHEAD**  
 Mailing Address P.O. BOX 1726  
 City State Zip Code  
 POULSBO WA 98370-0228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 985.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15842733**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. HENRY I. MOREHEAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1726  
 City POULSBO State WA Zip Code 98370-0228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 985.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15848269**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MR. HENRY I. MOREHEAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1726  
 City POULSBO State WA Zip Code 98370-0228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 985.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15872777**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MR. HENRY I. MOREHEAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1726  
 City POULSBO State WA Zip Code 98370-0228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 985.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875995**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HENRY I. MOREHEAD**

Mailing Address P.O. BOX 1726

City State Zip Code  
POULSBO WA 98370-0228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
985.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.15887710**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MISS SUSAN L. MOREY**

Mailing Address 10016 MADISON AVE

City State Zip Code  
KANSAS CITY MO 64114-4277

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HALLMARK CARDS INC. CATALOGING SPECIALIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.15843421**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JACK C. MORGAN**

Mailing Address 2436 FOOTHILL BLVD, STE H

City State Zip Code  
CALISTOGA CA 94515-1209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SCRIPPS ENHENTERPRISES, INC. PRESIDENT OF CO.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.15865332**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MATTHEW T. MOROUN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 PROVENCAL RD  
 City State Zip Code  
 GROSE POINTE FARMS MI 48236-2908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CENTRA, INC. VICE CHAIRMAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 45000.00

Date of Receipt  
 03 / 17 / 2015  
**Transaction ID : SA11.15854847**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**B. MR. MATTHEW T. MOROUN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 PROVENCAL RD  
 City State Zip Code  
 GROSE POINTE FARMS MI 48236-2908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CENTRA, INC. VICE CHAIRMAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 45000.00

Date of Receipt  
 03 / 18 / 2015  
**Transaction ID : SA11.15859839**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C. MR. MATTHEW T. MOROUN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 PROVENCAL RD  
 City State Zip Code  
 GROSE POINTE FARMS MI 48236-2908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CENTRA, INC. VICE CHAIRMAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 45000.00

Date of Receipt  
 03 / 20 / 2015  
**Transaction ID : SA11.15865532**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION  
 REDESIGNATION / REATTRIBUTION REQUESTED (AUTOMATIC)

**SUBTOTAL** of Receipts This Page (optional).....▶ 25000.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MATTHEW T. MOROUN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 PROVENCAL RD  
 City State Zip Code  
 GROSE POINTE FARMS MI 48236-2908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CENTRA, INC. VICE CHAIRMAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 45000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881319**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION  
 REDESIGNATION / REATTRIBUTION REQUESTED (AUTOMATIC)

**B. MS. BARBARA A. MORRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2336 S QUEEN ST.  
 City State Zip Code  
 ARLINGTON VA 22202-1549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VERIZON LOBBYIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881313**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. MR. CHARLES MORRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4011 FARRALON WAY  
 City State Zip Code  
 OXNARD CA 93035-1430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15854548**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DEAN N. MORRISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12250 SW 33RD AVE  
 City PORTLAND State OR Zip Code 97219-8254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation CIVIL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15846787**  
 Amount of Each Receipt this Period  
 450.00  
 CONTRIBUTION

**B. MR. DEAN N. MORRISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12250 SW 33RD AVE  
 City PORTLAND State OR Zip Code 97219-8254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation CIVIL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15865771**  
 Amount of Each Receipt this Period  
 450.00  
 CONTRIBUTION

**C. MR. DEAN N. MORRISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12250 SW 33RD AVE  
 City PORTLAND State OR Zip Code 97219-8254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation CIVIL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15866029**  
 Amount of Each Receipt this Period  
 450.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1350.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DEAN N. MORRISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12250 SW 33RD AVE  
 City PORTLAND State OR Zip Code 97219-8254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation CIVIL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.15867840**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MR. GLENN H. MORRIS JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 316 CORPORATE PLACE  
 City CHATTANOOGA State TN Zip Code 37419-2339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M&M INDUSRIES, INC. Occupation C.E.O.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15878343**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION

**C. MR. KENNETH R. MORSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6309 N PARK WAY APT 3  
 City TACOMA State WA Zip Code 98407-2234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15873396**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 10350.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 287 OF 756  
(check only one)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DAVID MOWBRAY**

Mailing Address 43262 BALTUSROL TERRACE

City State Zip Code  
ASHBURN VA 20147-5244

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874701**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. BERRY J. MULLENNIX**

Mailing Address 2640 E 37TH ST

City State Zip Code  
TULSA OK 74105-3508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PANTHER ENERGY COMPANY, LLC CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874697**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JOHN MULLER**

Mailing Address 564 GLEN OAK RD

City State Zip Code  
VENICE FL 34293-1100

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15842508**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6250.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JOHN MULLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 564 GLEN OAK RD  
 City VENICE State FL Zip Code 34293-1100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15843898**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**B. JOHN MULLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 564 GLEN OAK RD  
 City VENICE State FL Zip Code 34293-1100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15855137**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**C. MR. WILLIAM F. MURPHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3183 OLDE DEKALB WAY  
 City DORAVILLE State GA Zip Code 30340-4531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15854520**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 600.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. WILLIAM F. MURPHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3183 OLDE DEKALB WAY  
 City DORAVILLE State GA Zip Code 30340-4531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15870643**  
 Amount of Each Receipt this Period 40.00  
 CONTRIBUTION

**B. CHRISTIAN W. MYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 WEST MAIN ROAD, APT. 605  
 City PORTSMOUTH State RI Zip Code 02871-1045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 03 / 10 / 2015  
**Transaction ID : SA11.15850178**  
 Amount of Each Receipt this Period 80.00  
 CONTRIBUTION

**C. MR. RONALD MYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 LARCHMONT DR  
 City TRUMANSBURG State NY Zip Code 14886-9725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : SA11.15842507**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. RONALD MYERS**

Mailing Address 107 LARCHMONT DR

City State Zip Code  
TRUMANSBURG NY 14886-9725

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15856113**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RALPH D. NAVARRETTA**

Mailing Address 5948 NEWBURY CIR

City State Zip Code  
MELBOURNE FL 32940-1880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15854418**

Amount of Each Receipt this Period  
110.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. JOAN A. NEBEL**

Mailing Address 660 LAMBERT AVE

City State Zip Code  
FLAGLER BEACH FL 32136-3213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15848882**

Amount of Each Receipt this Period  
65.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. HARRIET NEEDHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 LANDFALL  
 City FALMOUTH State MA Zip Code 02540-1658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875641**  
 Amount of Each Receipt this Period  
 400.00  
 CONTRIBUTION

**B. KELLY J. NEIL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 114 INEZ PLACE  
 City MILL VALLEY State CA Zip Code 94941-2411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15864584**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MR. ALBERT NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3595 75TH ST  
 City SWANVILLE State MN Zip Code 56382-3712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15859223**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. RICHARD NELSON**

Mailing Address **6635 BOBBY JONES COURT**

City State Zip Code  
**PALMETTO FL 34221-6635**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**210.00**

Date of Receipt  
**03 / 25 / 2015**  
**Transaction ID : SA11.15872027**

Amount of Each Receipt this Period  
**105.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. BRIAN H. NETTIFEE**

Mailing Address **14505 MINNETONKA DRIVE  
APT 205**

City State Zip Code  
**MINNETONKA MN 55345-2210**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  
**03 / 02 / 2015**  
**Transaction ID : SA11.15839189**

Amount of Each Receipt this Period  
**125.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. BRIAN H. NETTIFEE**

Mailing Address **14505 MINNETONKA DRIVE  
APT 205**

City State Zip Code  
**MINNETONKA MN 55345-2210**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  
**03 / 29 / 2015**  
**Transaction ID : SA11.15885631**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **255.00**

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

**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)	PAGE 293 OF 756
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. LOAN KIM NGUYEN**

Mailing Address 248 CARMEL AVE APT 24

City MARINA	State CA	Zip Code 93933-3005
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15849744**

Amount of Each Receipt this Period  
120.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. LOAN KIM NGUYEN**

Mailing Address 248 CARMEL AVE APT 24

City MARINA	State CA	Zip Code 93933-3005
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15861623**

Amount of Each Receipt this Period  
120.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. CHARLES N. NIELSEN**

Mailing Address 6101 UNION CAMP DR.

City FAIRFAX STATION	State VA	Zip Code 22039-1303
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.15873717**

Amount of Each Receipt this Period  
125.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. BRYCE NOEL**

Mailing Address **1806 PALISADES DRIVE**

City State Zip Code  
**PACIFIC PALISADES CA 90272-2120**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**BLACK DIAMOND STRATEGIES INCORPORA FOUNDER AND PRESIDENT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**03 / 10 / 2015**

**Transaction ID : SA11.15846258**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. VIRGIL G. NOLDE JR.**

Mailing Address **2029 LEMNOS DRIVE**

City State Zip Code  
**COSTA MESA CA 92626-3535**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SELF-EMPLOYED ATTORNEY**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**03 / 02 / 2015**

**Transaction ID : SA11.15841065**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MARTIN NOLL**

Mailing Address **839 N. OAK PARK AVE**

City State Zip Code  
**OAK PARK IL 60302-1538**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**750.00**

Date of Receipt  
**03 / 25 / 2015**

**Transaction ID : SA11.15885861**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **600.00**

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DR. KEITH NORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 STONEHAVEN RD  
 City JACKSON State TN Zip Code 38305-1941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SPORTS, ORTHOPEDICS & SPINE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15853130**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. MR. EUGENE C. NORDELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9060 MICHAEL CIR UNIT 2  
 City NAPLES State FL Zip Code 34113-2603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 235.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : SA11.15842091**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MR. EUGENE C. NORDELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9060 MICHAEL CIR UNIT 2  
 City NAPLES State FL Zip Code 34113-2603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 235.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15878174**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 296 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. NEAL J. NORDLING**  
Full Name (Last, First, Middle Initial)

Mailing Address 7477 115TH STREET NORTH

City	State	Zip Code
GRANT	MN	55110-6186

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MULTIFEEDER TECHNOLOGY, INC.	BUSINESS EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11.15845248**

Amount of Each Receipt this Period  
220.00

CONTRIBUTION

**B. MR. THOMAS E. NOWAKOWSKI**  
Full Name (Last, First, Middle Initial)

Mailing Address & CHESTNUT LANE

City	State	Zip Code
NEW HOPE	PA	18938-

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
USM INC	SALES MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

**Transaction ID : SA11.15869304**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C. MS. ZOE DELL NUTTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 986 TREBEIN ROAD

City	State	Zip Code
XENIA	OH	45385-9534

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : SA11.15854742**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25720.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 297 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JOHN O' CONNOR**

Mailing Address 3158 GRACEFIELD ROAD, APT. 314

City State Zip Code  
SILVER SPRING MD 20904-0819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15850462**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JOHN O' CONNOR**

Mailing Address 3158 GRACEFIELD ROAD, APT. 314

City State Zip Code  
SILVER SPRING MD 20904-0819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875071**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. APRIL G. O'QUINN**

Mailing Address 5100 BANCROFT DRIVE

City State Zip Code  
NEW ORLEANS LA 70122-1218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15841148**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

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

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

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

FOR LINE NUMBER: PAGE 298 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MARILYN ODEN**  
 Mailing Address 742 MUNNRO AVE  
 City State Zip Code  
 RIFLE CO 81650-3632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15854287**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. J. DAVID ODER**  
 Mailing Address 21 PAINTED FEATHER  
 City State Zip Code  
 LAS VEGAS NV 89135-7856  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SHIFT4 CORP CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880311**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DONALD A. OETERS**  
 Mailing Address 11261 GRANDON RIDGE CIRCLE  
 City State Zip Code  
 CINCINNATI OH 45249-3409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ENTERTAINMENT JUNCTION OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878372**  
 Amount of Each Receipt this Period  
 25000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 26000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 299 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. LAWRENCE E. OGBURN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1937 TOPAZ AVE  
 City VENTURA State CA Zip Code 93004-3156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15846989**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. DENNIS D. OKLAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 620 ALVERNA DR  
 City INDIANAPOLIS State IN Zip Code 46260-4942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DUKE REALTY CORPOATION Occupation C.E.O.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874699**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C. MR. ROGER D. OLLEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9121 N BURR AVE APT 225  
 City PORTLAND State OR Zip Code 97203-2473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15865823**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DAVID OLSON**

Mailing Address 960 TERRACE DR.

City State Zip Code  
BEAUMONT TX 77706-4535

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED DENTIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15878326**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS KATHERINE OLSON TURK**

Mailing Address 960 TERRACE DR.

City State Zip Code  
BEAUMONT TX 77706-4535

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED DENTIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15878327**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. THEODORE B. OLSON**

Mailing Address 466 RIVER BEND ROAD

City State Zip Code  
GREAT FALLS VA 22066-4016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GIBSON DUNN PARTNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881263**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4000.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JOHN J. ONEIL**  
 Mailing Address 1534 STATE ROUTE 12  
 City State Zip Code  
 BINGHAMTON NY 13901-5505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MR ROOTER PLUMBING MAINTENANCE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15842319**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JOHN J. ONEIL**  
 Mailing Address 1534 STATE ROUTE 12  
 City State Zip Code  
 BINGHAMTON NY 13901-5505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MR ROOTER PLUMBING MAINTENANCE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15855543**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JOHN J. ONEIL**  
 Mailing Address 1534 STATE ROUTE 12  
 City State Zip Code  
 BINGHAMTON NY 13901-5505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MR ROOTER PLUMBING MAINTENANCE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.15873781**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 302 OF 756  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. FRANK OPELKA**  
 Mailing Address 433 BOLIVAR STREET  
 City State Zip Code  
 NEW ORLEANS LA 70112-7021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOUISIANA STATE UNIVERSITY ADMINISTRATION  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15885416**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. FRANK OPELKA**  
 Mailing Address 433 BOLIVAR STREET  
 City State Zip Code  
 NEW ORLEANS LA 70112-7021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOUISIANA STATE UNIVERSITY ADMINISTRATION  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15885420**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. WARREN D. ORLOFF**  
 Mailing Address 2107 OCEAN AVE APT 404  
 City State Zip Code  
 SANTA MONICA CA 90405-2265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.1585694**  
 Amount of Each Receipt this Period  
 330.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 530.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. KAY D. OROURKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16102 MCGLAMERY RD  
 City ODESSA State FL Zip Code 33556-2620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15855621**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**B. MR. JOEL G. OSWALD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5212 POMMEROY DR  
 City FAIRFAX State VA Zip Code 22032-3919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WILLIAMS & JENSEN PRINCIPAL  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15854913**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. JOSETTE OTTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7319 W 111TH ST  
 City WORTH State IL Zip Code 60482-1759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15855654**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 304 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. PATRICIA A. OUTTRIM**  
 Mailing Address 914 MAIN STREET #2005  
 City HOUSTON State TX Zip Code 77002-6217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHENIERE ENERGY, INC Occupation VP, GOVT & REG AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15854860**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. EARL R. OVERMAN**  
 Mailing Address 5926 S 550 E  
 City PERU State IN Zip Code 46970-8770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.15866860**  
 Amount of Each Receipt this Period 60.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. EARL R. OVERMAN**  
 Mailing Address 5926 S 550 E  
 City PERU State IN Zip Code 46970-8770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15876607**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1110.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. YUSOF OZDOGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13100 W. BELLFORT AVE. #1118  
 City HOUSTON State TX Zip Code 77099-4841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HARMONY PUBLIC SCHOOL Occupation ASSISTANT PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881321**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B. MR. DUANE L. PACKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1118 SLIM WILLIAMS WAY  
 City JUNEAU State AK Zip Code 99801-8758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877869**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**C. BETTY PACOCHA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4900 TELEGRAPH RD APT 712  
 City VENTURA State CA Zip Code 93003-4169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15853068**  
 Amount of Each Receipt this Period  
 700.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. CYNTHIA S. PADGETT**

Mailing Address 111 CASTLEWOOD RD.

City State Zip Code  
BALTIMORE MD 21210-1360

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15864625**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DOLORES EILEEN PAINTER**

Mailing Address 146971 OLD CABIN RD.

City State Zip Code  
GILCHRIST OR 97737-9738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15840822**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DOLORES EILEEN PAINTER**

Mailing Address 146971 OLD CABIN RD.

City State Zip Code  
GILCHRIST OR 97737-9738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844066**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00

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

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. HOPE S. PALMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1414 REED CREEK DR  
 City DRAPER State VA Zip Code 24324-2865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852331**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MS. HOPE S. PALMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1414 REED CREEK DR  
 City DRAPER State VA Zip Code 24324-2865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877500**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MR. PAUL A. H. PANKOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7840 E LAKE CARLOS DR NT  
 City CARLOS State MN Zip Code 56319-8115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877724**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 308 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. FOXHALL A. PARKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 205 HONEY HOLLOW ROAD  
City POUND RIDGE State NY Zip Code 10576-1109  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15874536**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**B. ROBERT P. PARKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 607 14TH STREET, NW  
City WASHINGTON State DC Zip Code 20005-2000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ROTHELL, FIGG, ERNST & MANBECK, PC Occupation ATTORNEY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2015  
**Transaction ID : SA11.15854915**  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**C. MRS. MELBA PARROTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 221 NEWBERRY TRL  
City SAN MARCOS State TX Zip Code 78666-8877  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HOMEMAKER Occupation HOMEMAKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.15869305**  
Amount of Each Receipt this Period 1200.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. CHARLES R. PARSONS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 RICHARD RD  
 City SYRACUSE State NY Zip Code 13215-1530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15870760**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MR. CHARLES R. PARSONS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 RICHARD RD  
 City SYRACUSE State NY Zip Code 13215-1530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15880062**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MR. LLOYD J. PARSONS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16846 ACEBO DR  
 City SAN DIEGO State CA Zip Code 92128-2604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 03 / 2015  
**Transaction ID : SA11.15843521**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. BILLIE L. PASSMORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 803 BOULDIN AVE  
 City State Zip Code  
 AUSTIN TX 78704-1611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.15843501**  
 Amount of Each Receipt this Period  
 240.00  
 CONTRIBUTION

**B. WRENN M. PATTERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 WINDING RIDGE DR  
 City State Zip Code  
 CARY NC 27518-8934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NC DEPT OF PUBLIC SAFETY NETWORK SPECIALIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15876024**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C. WRENN M. PATTERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 WINDING RIDGE DR  
 City State Zip Code  
 CARY NC 27518-8934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NC DEPT OF PUBLIC SAFETY NETWORK SPECIALIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878064**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 640.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. SARAH PAWLICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 880 PEQUOT TRL  
 City STONINGTON State CT Zip Code 06378-2234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA11.15848258**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MARGARET L. PAYNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 181 HARWICH PL  
 City VALLEJO State CA Zip Code 94591-7857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 685.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA11.15848999**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MARGARET L. PAYNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 181 HARWICH PL  
 City VALLEJO State CA Zip Code 94591-7857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 685.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15856100**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MARGARET L. PAYNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 181 HARWICH PL  
 City VALLEJO State CA Zip Code 94591-7857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 685.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877494**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. MARGARET L. PAYNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 181 HARWICH PL  
 City VALLEJO State CA Zip Code 94591-7857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 685.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878467**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MR. DON K. PEAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4477 SUNSET CIRCLE  
 City BOUNTIFUL State UT Zip Code 84010-5885  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PEAY'S CONSULTING COMPANIES Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15853274**  
 Amount of Each Receipt this Period  
 14500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 14650.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. DON K. PEAY</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2015 <b>Transaction ID : SA11.15853275</b>
Mailing Address 4477 SUNSET CIRCLE		Amount of Each Receipt this Period 500.00
City BOUNTIFUL	State UT	Zip Code 84010-5885
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer PEAY'S CONSULTING COMPANIES	Occupation CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00	

Full Name (Last, First, Middle Initial) <b>B. MR THOMAS J. PEEDS</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15881267</b>
Mailing Address P.O. BOX 82545		Amount of Each Receipt this Period 33400.00
City LINCOLN	State NE	Zip Code 68501-2545
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 33400.00	

Full Name (Last, First, Middle Initial) <b>C. MISS AMALIA L. PELLON</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2015 <b>Transaction ID : SA11.15852539</b>
Mailing Address 76 VETERANS AVE		Amount of Each Receipt this Period 130.00
City BATH	State NY	Zip Code 14810-0810
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	34030.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. COURTNEY E. PENDERGRASS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 188 MAPLETON RIDGE DRIVE  
 City State Zip Code  
 CLEVELAND TN 37312-6010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15864884**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. ROBERT PENTLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 908  
 City State Zip Code  
 ELK RAPIDS MI 49629-0908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TUTHILL CORP VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15866096**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C. MR. RONALD O. PERELMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 E. 62ND STREET  
 City State Zip Code  
 NEW YORK NY 10065-8014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MACANDREWS & FORBES HOLDINGS CHAIRMAN & C.E.O.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878366**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 15200.00  
**TOTAL** This Period (last page this line number only)..... ►

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. HOWARD PERLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 CURRENTS  
 City NEWPORT COAST State CA Zip Code 92657-2159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 33400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15854916**  
 Amount of Each Receipt this Period  
 33400.00  
 CONTRIBUTION

**B. MS. ADDIE M. PERRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 865 OLD DALTON RD. NE  
 City ROME State GA Zip Code 30165-9096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844387**  
 Amount of Each Receipt this Period  
 105.00  
 CONTRIBUTION

**C. MS. ADDIE M. PERRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 865 OLD DALTON RD. NE  
 City ROME State GA Zip Code 30165-9096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15855813**  
 Amount of Each Receipt this Period  
 105.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 33610.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 316 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. NETTIE PERRY**

Mailing Address P.O. BOX 196

City State Zip Code  
ILA GA 30647-0196

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
03 / 02 / 2015  
**Transaction ID : SA11.15839433**

Amount of Each Receipt this Period  
110.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ALFONSE PETERSON**

Mailing Address 1900 AIRDRONE ENTRY

City State Zip Code  
ATWATER CA 95301-5136

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALFONSTE PETERSON OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 12 / 2015  
**Transaction ID : SA11.15850497**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. BRIAN PETERSON**

Mailing Address 1400 LARKSPUR DR

City State Zip Code  
WOODBURY MN 55129-4810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA11.15882813**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 910.00

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

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

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

FOR LINE NUMBER: PAGE 317 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. BRUCE PETERSON**  
 Mailing Address 928 SO HIGH ST  
 City State Zip Code  
 DENVER CO 80209-4551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RIO GRANDE CO MANAGER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15885862**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. SPANO PETER**  
 Mailing Address 4001 NORTH OCEAN BLVD. # 304  
 City State Zip Code  
 GULF STREAM FL 33483-7511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15870692**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HARRY PETTIT**  
 Mailing Address 359 RICHARD RD  
 City State Zip Code  
 YARDLEY PA 19067-1969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15885854**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 318 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. PATRICK PEYTON**

Mailing Address 800 SOUTH POINTE DRIVE #1603

City State Zip Code  
MIAMI BEACH FL 33139-7175

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED INVESTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15853277**

Amount of Each Receipt this Period  
33400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. LOAN KIM PHAM**

Mailing Address 3433 ELLERY CMN

City State Zip Code  
FREMONT CA 94538-5412

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15863445**

Amount of Each Receipt this Period  
120.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DOUGLAS PHILIPPONE**

Mailing Address 100 HAMILTON AVE SUITE 300

City State Zip Code  
PALO ALTO CA 94301-1651

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PALANTIR SOFTWARE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15872487**

Amount of Each Receipt this Period  
1400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 34920.00

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

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

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

FOR LINE NUMBER: PAGE 319 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. ANNE PHILLIPS**

Mailing Address 2651 GREENBOROUGH PL

City State Zip Code  
WEST COVINA CA 91792-1924

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877636**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DANIEL J. PIENTA**

Mailing Address 3010 GEIMAN ROAD

City State Zip Code  
MONROE MI 48162-9421

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AUTOMATIC HANDLING INTL PRESIDENT/CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878370**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. VINCENT P. PIETSCH**

Mailing Address 2276 SATURDAY ST

City State Zip Code  
NORTH PORT FL 34288-8531

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15862674**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 320 OF 756
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. STEVE PILLER</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2015 <b>Transaction ID : SA11.15864620</b>
Mailing Address 2402 CHESHIRE WOODS		Amount of Each Receipt this Period 250.00
City TOLEDO	State OH	Zip Code 43617-1214
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer BUCKEYE CABLESYSTEM	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MR. ADAM K. PITTMAN</b>		Date of Receipt MM / DD / YYYY 03 / 02 / 2015 <b>Transaction ID : SA11.15839169</b>
Mailing Address 124 WINDWORK CT		Amount of Each Receipt this Period 500.00
City CAREY	State NC	Zip Code 27513-
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer COMPUTERBILITIES	Occupation NETWORK ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. MR. JAN PIVEC</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2015 <b>Transaction ID : SA11.15885736</b>
Mailing Address 12328 WINDING CREEK LOOP		Amount of Each Receipt this Period 250.00
City HUNTLEY	State IL	Zip Code 60142-7413
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 321 OF 756  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. ANN PLAYTIS**

Mailing Address 15 ETON CT.

City State Zip Code  
WASHINGTON WV 26181-9521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
03 / 09 / 2015  
**Transaction ID : SA11.15848115**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. ANN PLAYTIS**

Mailing Address 15 ETON CT.

City State Zip Code  
WASHINGTON WV 26181-9521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
03 / 23 / 2015  
**Transaction ID : SA11.15865931**

Amount of Each Receipt this Period  
60.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ANN PLAYTIS**

Mailing Address 15 ETON CT.

City State Zip Code  
WASHINGTON WV 26181-9521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
03 / 27 / 2015  
**Transaction ID : SA11.15873618**

Amount of Each Receipt this Period  
70.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00

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

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

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

FOR LINE NUMBER: PAGE 322 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. GLEN R. POLLARD**

Mailing Address P.O. BOX 1978

City State Zip Code  
LUBBOCK TX 79408-1978

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
POLLARD FRIENDLY FORD AUTO DEALER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15869311**

Amount of Each Receipt this Period  
400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. SHARON T. POOLE**

Mailing Address 18 LENOX RD

City State Zip Code  
SUMMIT NJ 07901-3733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15847503**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. WILLIAM P. PORTMAN**

Mailing Address P.O. BOX 30816

City State Zip Code  
SEA ISLAND GA 31561-0816

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15857023**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 323 OF 756
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. DARLA POSTIL**

Mailing Address 2445 STAFFORD RD

City	State	Zip Code
THOUSAND OAKS	CA	91361-5034

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFF	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844741**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DENNIS POTTER**

Mailing Address 1601 K ST. NW

City	State	Zip Code
WASHINGTON	DC	20006-1682

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
K & L GATES	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2015  
**Transaction ID : SA11.15839348**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DENNIS POTTER**

Mailing Address 1601 K ST. NW

City	State	Zip Code
WASHINGTON	DC	20006-1682

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
K & L GATES	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15874524**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 324 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. JAMES L. POWELL**

Mailing Address 301 W BEAUREGARD AVE STE 207

City State Zip Code  
SAN ANGELO TX 76903-6370

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED LIVESTOCK PRODUCER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15871061**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DAVID M. POWERS**

Mailing Address 130 COPPERFIELD PLACE CT.

City State Zip Code  
WINSTON SALEM NC 27106-3592

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RAI SERVICE W VICE PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872575**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOHN T. PRATT**

Mailing Address 1479 SW SHORELINE DRIVE

City State Zip Code  
PALM CITY FL 34990-4535

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15855544**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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

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

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

FOR LINE NUMBER: PAGE 325 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. RANDY PREJEAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 SHERRY DRIVE  
 City State Zip Code  
 SULPHUR LA 70663-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ACTT SELF-EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15870636**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MR. RANDY PREJEAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 SHERRY DRIVE  
 City State Zip Code  
 SULPHUR LA 70663-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ACTT SELF-EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15874661**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MR. RANDY PREJEAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 SHERRY DRIVE  
 City State Zip Code  
 SULPHUR LA 70663-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ACTT SELF-EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880258**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 326 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. RANDY PREJEAN**  
 Mailing Address 711 SHERRY DRIVE  
 City State Zip Code  
 SULPHUR LA 70663-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ACTT SELF-EMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15885846**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MICHAEL PREMUS**  
 Mailing Address 56 AINSWORTH AVE  
 City State Zip Code  
 STATEN ISLAND NY 10308-3020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SOUTH BEACH PSYCH PHARMACIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15885852**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JOAN M. PRICE**  
 Mailing Address 7717 WINDSONG RD  
 City State Zip Code  
 WINDSOR CO 80550-3400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ENTERPRENUER ENTERPRENUER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15846587**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. LUCILE PRIOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5046 117TH AVE SE  
 City State Zip Code  
 BELLEVUE WA 98006-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15845102**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

**B. MS. LUCILE PRIOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5046 117TH AVE SE  
 City State Zip Code  
 BELLEVUE WA 98006-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15859547**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

**C. MS. LUCILE PRIOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5046 117TH AVE SE  
 City State Zip Code  
 BELLEVUE WA 98006-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15870550**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 328 OF 756
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DAVID R. PROCTOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3505 TURTLE CREEK BLVD. APT 9A  
 City DALLAS State TX Zip Code 75219-5568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : SA11.15873948**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. MR JOE PRUDHOMME**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4117 COVE POINT DRIVE  
 City MORGANTOWN State WV Zip Code 26508-8679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15872626**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**C. RICHARD P. PUCKETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1910 LONGWOOD LN  
 City BLOOMINGTON State IL Zip Code 61704-8346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15877713**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 329 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. BARRY QUART</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 <b>Transaction ID : SA11.15872274</b>
Mailing Address 1350 E FLAMINGO RD 349		Amount of Each Receipt this Period 500.00
City LAS VEGAS	State NV	Zip Code 89119-5263
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer HERON THERAPEUTICS	Occupation RESEARCH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. MR. JAMES L. QUINN</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 <b>Transaction ID : SA11.15846442</b>
Mailing Address 3310 FAIRMOUNT ST APT 8D		Amount of Each Receipt this Period 250.00
City DALLAS	State TX	Zip Code 75201-1238
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer QUINN PRINTING CO.	Occupation PRINT SHOP OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. DON QUON</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : SA11.15863421</b>
Mailing Address 2821 SHANTAR DR		Amount of Each Receipt this Period 1000.00
City COSTA MESA	State CA	Zip Code 92626-3538
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. HOLLIS W. RADEMACHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1719 LOWELL LN  
 City LAKE FOREST State IL Zip Code 60045-3784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.15868766**  
 Amount of Each Receipt this Period 505.00  
 CONTRIBUTION

**B. GINNI RAGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 W. SPRING STREET UNIT 1602  
 City COLUMBUS State OH Zip Code 43215-7660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15881268**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION

**C. MR. BRUCE RAHMANI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address INFO REQUESTED  
 City ROUNDHILL State VA Zip Code 20141-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FALCON HVAC, INC. Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15874691**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 11505.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MANUEL RAJUNOV**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1250 WILDFIRE LN  
 City FRISCO State TX Zip Code 75033-1554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DLA PIPER Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15845837**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. DONNA J. RALPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address HANFELDER STRASSE 74  
 City STARNBERG GERMANY State WY Zip Code 82319-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15882816**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C. DR. MATTHEW L. RAMSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39TH ST AND MARKET ST.  
 City PHILADELPHIA State PA Zip Code 19104-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PRESBYTERAN MEDICAL CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854838**  
 Amount of Each Receipt this Period  
 4000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 332 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOHN G. RANGOS SR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 OSPREY POINT CIRCLE

City	State	Zip Code
BOCA RATON	FL	33431-5245

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
16600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

**Transaction ID : SA11.15854834**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**B. REDZEP RASLJANIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 932 THROGGMORTON AVENUE

City	State	Zip Code
BRONX	NY	10465-1616

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

**Transaction ID : SA11.15850574**

Amount of Each Receipt this Period  
230.00

CONTRIBUTION

**C. JERRY RAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 6910 BELLAIRE BLVD STE 16

City	State	Zip Code
HOUSTON	TX	77074-3547

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : SA11.15873290**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2480.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. WILLIAM G. REED JR.**

Mailing Address 1218 3RD AVE  
STE 1800

City State Zip Code  
SEATTLE WA 98101-3060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877868**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. EDWARD A. REILLY**

Mailing Address 5 OLD FIELD PL.

City State Zip Code  
NORWALK CT 06853-1116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15871075**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. LORI M. REILLY**

Mailing Address 5576 LA VISTA DRIVE

City State Zip Code  
ALEXANDRIA VA 22310-1253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PHRMA EXECUTIVE VICE PRESIDENT POLICY & RE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881269**

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3800.00

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

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. LOLA REINSCH**  
 Mailing Address 2040 COLUMBIA PIKE  
 City ARLINGTON State VA Zip Code 22204-6236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer E.G. REINSCH COMPANIES Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : SA11.15869781**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOSEPH A. REYES**  
 Mailing Address 10712 ALLOWAY DR.  
 City POTOMAC State MD Zip Code 20854-1601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ORION ENT INC Occupation PEDDLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 04 / 2015  
**Transaction ID : SA11.15845088**  
 Amount of Each Receipt this Period 450.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. SKIP W. RHODES JR.**  
 Mailing Address 31 PARK WAY  
 City PIEDMONT State CA Zip Code 94611-3928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15852926**  
 Amount of Each Receipt this Period 350.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1800.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. CLIFF M. RICCIO JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4810 25TH STREET N  
 City ARLINGTON State VA Zip Code 22207-2619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NCTA Occupation VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15874573**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. MR. DON N. RICE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 331 LAKE AVE  
 City SUNAPEE State NH Zip Code 03782-2622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15871143**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**C. LAURA B. RICHARDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 BOULDER RD  
 City MANHASSET State NY Zip Code 11030-1632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15859469**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. MONTE F. RICHARDSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 HIGHBRIDGE CROSSING APT 3301  
 City ASHEVILLE State NC Zip Code 28803-4169  
 FEC ID number of contributing federal political committee.   
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : SA11.15847119**  
 Amount of Each Receipt this Period   
 CONTRIBUTION

**B. DR. BLANCA RICHMOND-COCA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13315 LAFAYETTE WAY  
 City THORNTON State CO Zip Code 80241-1192  
 FEC ID number of contributing federal political committee.   
 Name of Employer EAGLE RIDGE MEDICAL Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : SA11.15842567**  
 Amount of Each Receipt this Period   
 CONTRIBUTION

**C. MR. ALFRED RICHTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 OAK KNOLL DR  
 City GLENDORA State CA Zip Code 91741-3044  
 FEC ID number of contributing federal political committee.   
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : SA11.15859307**  
 Amount of Each Receipt this Period   
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="615.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>



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

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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DAVID P. RILEY**

Mailing Address 2 S COVE DR

City State Zip Code  
BARRINGTON IL 60010-9592

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872191**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. ROSE A. RINELL**

Mailing Address 4037 NE 38TH AVENUE

City State Zip Code  
PORTLAND OR 97212-1848

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS NURSE/RN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.15843529**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. KENNETH R. RINGBLOOM**

Mailing Address 399 GULF SHORE BLVD. S

City State Zip Code  
NAPLES FL 34102-8630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15865798**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. BERNICE M. RIPBERGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 CONTINENTAL DR  
 City ZIONSVILLE State IN Zip Code 46077-8749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15876517**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B. MR. WILLIAM L. RITCHIE JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5302 BROOKWAY DR  
 City BETHESDA State MD Zip Code 20816-1308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15872477**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. CARL L. RIZOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4082 JESSAMINE PL  
 City COLUMBUS State OH Zip Code 43207-4774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 US POSTAL SERVICE ELECTRONICS TECH  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15847743**  
 Amount of Each Receipt this Period  
 160.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 760.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. JANICE ROBBINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 AVALON RD  
 City COLUMBUS State WI Zip Code 53925-1807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA11.15846032**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MS. ANNA D. ROBERTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 760 PEBBLE BEACH DR  
 City UPLAND State CA Zip Code 91784-9126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15862353**  
 Amount of Each Receipt this Period 60.00  
 CONTRIBUTION

**C. MR. BRIAN ROBERTSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2688 HORSEBLOCK RD.  
 City MEDFORD State NY Zip Code 11763-2658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTHROCK IND.,INC. Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15885844**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 410.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 340 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. HALL M. ROBERTS**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 10

City POSTVILLE State IA Zip Code 52162-0010

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation CORP. PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851693**

Amount of Each Receipt this Period  
 450.00

CONTRIBUTION

**B. MR STEPHEN ROBERTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1326 MORNINGSIDE DR

City CHARLESTON State WV Zip Code 25314-1934

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872615**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C. MR. FRANK H. ROBINSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 506 HILLSBOROUGH STREET

City PALM HARBOR State FL Zip Code 34683-1629

FEC ID number of contributing federal political committee. **C**

Name of Employer PRECISION ORTHOPEDICS Occupation MEDICAL DEVICES DISTRIBUTION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854861**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3950.00

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. WILLIAM A. ROBINSON**

Mailing Address P.O. BOX 53138

City State Zip Code  
SHREVEPORT LA 71135-3138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872593**

Amount of Each Receipt this Period  
11600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROGER ROBSON**

Mailing Address 4201 BAYSHORE BLVD UNIT 801

City State Zip Code  
TAMPA FL 33611-1655

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS CONSUMER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878429**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. JENNIFER ROMANS**

Mailing Address 1200 N GARFIELD ST/ APT. 507

City State Zip Code  
ARLINGTON VA 22201-6821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PHRMA VICE PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881271**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 12850.00

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. CHARLES L. ROMERO**

Mailing Address 8160 CROW CANYON ROAD

City State Zip Code  
CASTRO VALLEY CA 94552-9689

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC MOLD MAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15861550**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JAMES W. ROOT**

Mailing Address 215 ARMSTRONG DRIVE

City State Zip Code  
GEORGETOWN TX 78633-5133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 03 / 2015  
**Transaction ID : SA11.15843199**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. MANUEL S. ROSE**

Mailing Address PO BOX 20047

City State Zip Code  
SAINT PETERSBURG FL 33742-0047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ROSE RADIOLOGY CENTERS, INC. PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15854830**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5800.00

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. C. E. ROSEMAN JR.**

Mailing Address P.O. BOX 2128

City State Zip Code  
HICKORY NC 28603-2128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
C.R. LAINE FARM FARMER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15853986**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DAVID ROSENTHAL**

Mailing Address 1800 POINT DE VUE DR.

City State Zip Code  
FLOWER MOUND TX 75022-2604

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EXXON MOBIL INVESTOR RELATIONS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15869816**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MICHAEL M. ROSEN**

Mailing Address 631 MAITLAND AVE

City State Zip Code  
TEANECK NJ 07666-2263

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DANICHI SANTIAGO REGULATORY AFFAIRS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
338.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.15873919**

Amount of Each Receipt this Period  
338.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3088.00

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

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT N. ROSS**

Mailing Address 1925 TANGELO CIR

City HARLINGEN State TX Zip Code 78552-8929

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
565.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.15843506**

Amount of Each Receipt this Period  
565.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT E. RUBLE**

Mailing Address 7333 LANCASTER CIRCLEVILLE RD. SW

City LANCASTER State OH Zip Code 43130-9203

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15842310**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ROBERT E. RUBLE**

Mailing Address 7333 LANCASTER CIRCLEVILLE RD. SW

City LANCASTER State OH Zip Code 43130-9203

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851601**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 865.00

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



**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. JESSIE E. RUBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 800  
 City BUDA State TX Zip Code 78610-0800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 23 / 2015**  
**Transaction ID : SA11.15866099**  
 Amount of Each Receipt this Period **300.00**  
**CONTRIBUTION**

**B. MRS. CAROLYN C. RUDDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 650 SUE LN.  
 City BEAUMONT State TX Zip Code 77706-6339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **SETCA** Occupation **CPA**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 26 / 2015**  
**Transaction ID : SA11.15878325**  
 Amount of Each Receipt this Period **500.00**  
**CONTRIBUTION**

**C. MR. HAROLD H. RUMPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6219 PETUNIA RD  
 City DELRAY BEACH State FL Zip Code 33484-4683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **RETIRED** Occupation **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **03 / 16 / 2015**  
**Transaction ID : SA11.15859299**  
 Amount of Each Receipt this Period **100.00**  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **900.00**  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. HAROLD H. RUMPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6219 PETUNIA RD  
 City DELRAY BEACH State FL Zip Code 33484-4683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : SA11.15873164**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MR. HAROLD H. RUMPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6219 PETUNIA RD  
 City DELRAY BEACH State FL Zip Code 33484-4683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15877929**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. DANIEL RUNDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6910 BONHEIM CT  
 City MCLEAN State VA Zip Code 22101-5100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CSIS Occupation SCHOLAR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2015  
**Transaction ID : SA11.15854826**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1125.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 347 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. CLIVE RUNNELLS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3649 CHEVY CHASE DR  
 STE 1100  
 City HOUSTON State TX Zip Code 77019-3009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15877702**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**B. MR. TRAVIS RUSHING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1362 RIDGEWOOD DRIVE  
 City PRESCOTT State AZ Zip Code 86305-5179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : SA11.15839179**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. LT COL GLEN L. RYLAND USAF (RET.)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8545 CARMEL VALLEY RD  
 City CARMEL State CA Zip Code 93923-9556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15851645**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 348 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. LT COL GLEN L. RYLAND USAF (RET.)**  
 Mailing Address 8545 CARMEL VALLEY RD  
 City State Zip Code  
 CARMEL CA 93923-9556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15879737**  
 Amount of Each Receipt this Period  
 205.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. BLAIR R. SABA**  
 Mailing Address 4600 CROSSTICK COURT  
 City State Zip Code  
 SYLVANIA OH 43560-2290  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878390**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ANDREW E. SABIN**  
 Mailing Address 300 PANTIGO PL STE 102  
 City State Zip Code  
 EAST HAMPTON NY 11937-2630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SABIN METAL CORPORATION SABIN METAL CORPORATION  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878371**  
 Amount of Each Receipt this Period  
 33400.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 43605.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 349 OF 756
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MAROUN SADAKA**

Mailing Address 5700 LAUREL CANYON BLVD APT 30

City VALLEY VILLAGE	State CA	Zip Code 91607-4536
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation CONTRACTOR
-----------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874372**

Amount of Each Receipt this Period  
125.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WILLIAM S. SAILER**

Mailing Address 8 URSINUS DR

City WERNERSVILLE	State PA	Zip Code 19565-2000
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RELIGIOUS AND THEOLOGICAL ABSTRACTS	Occupation EDITOR
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15868826**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. VINCE SAMPSON**

Mailing Address 1299 PENNSYLVANIA AVE, NW, SUITE 7

City WASHINGTON	State DC	Zip Code 20004-2431
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer COOLEY LLP	Occupation ATTORNEY
--------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15872494**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 350 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. STUART M. SANDLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2420 MULBERRY CT.  
 City ANN ARBOR State MI Zip Code 48104-6390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878393**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. MS. LORRAINE A. SANTOPADRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 IMPERIAL WOODS DR  
 City NEW ORLEANS State LA Zip Code 70123-4919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15853719**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MR. JOHN W. SARGEANT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 WOODHAVEN DR  
 City SIDNEY State OH Zip Code 45365-9478  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15861925**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JOHN R. SAUNDERS**

Mailing Address **2246 JOHN ANDERSON DRIVE**

City State Zip Code  
**ORMOND BEACH FL 32176-2804**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**INTERNATIONAL SPEEDWAY CORP GENERAL MANAGER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**4150.00**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : SA11.15878377**

Amount of Each Receipt this Period  
**4150.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JOHN SCEPANSKI**

Mailing Address **455 E MORGAN AVE**

City State Zip Code  
**MILWAUKEE WI 53207-3309**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**270.00**

Date of Receipt  
**03 / 11 / 2015**

**Transaction ID : SA11.15850748**

Amount of Each Receipt this Period  
**90.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. H. WILLIAM SCHAAF**

Mailing Address **838 CAMP CIRCLE**

City State Zip Code  
**PHOENIXVILLE PA 19460-1994**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  
**03 / 17 / 2015**

**Transaction ID : SA11.15854854**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **6740.00**

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

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HARVEY J. SCHACH JR.**

Mailing Address 130 MILLCREEK LN

City State Zip Code  
CHAGRIN FALLS OH 44022-1275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PROGRESS PROPERTIES SELF-EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851188**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GARY N. SCHAHET**

Mailing Address 9333 N MERIDIAN ST  
# 203

City State Zip Code  
INDIANAPOLIS IN 46260-1821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SCHAHET HOTELS DEVELOPMENT & MANAGEMENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15846479**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ROBERT SCHEIBAL**

Mailing Address 14 HARVEST PT

City State Zip Code  
COLLINSVILLE IL 62234-6869

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15872529**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5125.00

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



**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)	PAGE 353 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. ROBERT SCHEIBAL</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2015 <b>Transaction ID : SA11.15874503</b>
Mailing Address 14 HARVEST PT		Amount of Each Receipt this Period 250.00
City COLLINSVILLE	State IL	Zip Code 62234-6869
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) <b>B. MR. EUGENE H. SCHEY</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2015 <b>Transaction ID : SA11.15857289</b>
Mailing Address 5815 AMERICAN PKWY APT 116		Amount of Each Receipt this Period 225.00
City MADISON	State WI	Zip Code 53718-8349
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. MR. ROBERT SCHLECKSER</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 <b>Transaction ID : SA11.15869819</b>
Mailing Address 6622 BROOKSHIRE DRIVE		Amount of Each Receipt this Period 2500.00
City DALLAS	State TX	Zip Code 75230-4158
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer EXXON MOBIL	Occupation VICE PRESIDENT AND TREASURER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2975.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOAN F. SCHMIDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4506 PROVIDENCE POINT PLACE SE  
 City ISSAQUAH State WA Zip Code 98029-6835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15874499**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. HON. JOHN D. SCHMITZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 N. CARROLL AVE SUITE 100  
 City SOUTHLAKE State TX Zip Code 76092-6496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELECT ENERGY Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874689**  
 Amount of Each Receipt this Period  
 33400.00  
 CONTRIBUTION

**C. MS. LILLIAN J. SCHMIDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9359 SCHMIDT CIRCLE  
 City WEST JORDAN State UT Zip Code 84088-8778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation AGRICULTURE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15862144**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 33750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 355 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. JUDITH E. SCHNEIDER**  
 Mailing Address 7417 GILA RD. NE  
 City State Zip Code  
 ALBUQUERQUE NM 87109-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15841141**  
 Amount of Each Receipt this Period  
 210.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GERRIT J. SCHOLTEN**  
 Mailing Address 6858 E VIA DORADO  
 City State Zip Code  
 TUCSON AZ 85715-4821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15859795**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. JOAN L. SCHREYER**  
 Mailing Address 117 MERCER ST.  
 City State Zip Code  
 PRINCETON NJ 08540-6809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15861671**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 735.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 356 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. VANCE W. SCHUEMANN**

Mailing Address 505 CATHEDRAL DRIVE

City State Zip Code  
ALEXANDRIA VA 22314-4705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
APPIAN CONSULTING, LLC FOUNDER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11.15850480**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MARY BARBARA SCHULTZ**

Mailing Address 501 VIA CASITAS APT 1110

City State Zip Code  
GREENBRAE CA 94904-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15865742**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HARRY RICHARD SCHUMACHER ESQ.**

Mailing Address 47 E 88TH ST

City State Zip Code  
NEW YORK NY 10128-1152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15841006**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

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

FOR LINE NUMBER: PAGE 357 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HARRY RICHARD SCHUMACHER ESQ.**

Mailing Address 47 E 88TH ST

City State Zip Code  
NEW YORK NY 10128-1152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15862724**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HARRY RICHARD SCHUMACHER ESQ.**

Mailing Address 47 E 88TH ST

City State Zip Code  
NEW YORK NY 10128-1152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15879756**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. LAWRENCE W. SCHUMACHER**

Mailing Address 6485 NORTH TOWER COURT

City State Zip Code  
LINCOLNWOOD IL 60712-4207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NORTHWESTERN COLLEGE PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872610**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10100.00

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

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

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

FOR LINE NUMBER: PAGE 358 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JAMES E. SCHWALBE**  
 Mailing Address 185 MADISON AVE FL 18  
 City State Zip Code  
 NEW YORK NY 10016-4325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HILSON MGMT ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15842976**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. SCOTT SCHWERDT**  
 Mailing Address 1247 E 150 S  
 City State Zip Code  
 LINDON UT 84042-2185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NUSKIN ENTERPRISES VICE PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874684**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. SCOTT SCHWERDT**  
 Mailing Address 1247 E 150 S  
 City State Zip Code  
 LINDON UT 84042-2185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NUSKIN ENTERPRISES VICE PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874688**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 359 OF 756
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. CHARLES DAVID SCOTT SR.</b>		Date of Receipt
Mailing Address 2641 INTERSTATE DR		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
OPELIKA	AL	36801-1527
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.15872612</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED PER BEST EFFC	INFORMATION REQUESTED PER BEST EFFC	<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DALE D. SCOTT</b>		Date of Receipt
Mailing Address 304 E CLEVELAND ST.		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code
LAFAYETTE	CO	80026-2343
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.15847739</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BAIL CORP	ENGINEER	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ISAAC J. SCOTT III</b>		Date of Receipt
Mailing Address PO BOX 2000		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
OPELIKA	AL	36803-2000
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.15872604</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED PER BEST EFFC	INFORMATION REQUESTED PER BEST EFFC	<input type="text" value="1500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="4250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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)	PAGE 360 OF 756
	<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	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ISAAC J. SCOTT III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2000  
 City OPELIKA State AL Zip Code 36803-2000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872605**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. MR. JUAN CARLOS SCOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3118 MILITARY ROAD  
 City ARLINGTON State VA Zip Code 22207-4136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ADVAMED SENIOR VICE PRESIDENT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15865523**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. WILLIAM M. SCOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2603 DANBURY DR  
 City AUBURN State AL Zip Code 36830-6462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872613**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 361 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. WILLIAM C. SCROGINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 CHEROKEE DR.  
 City NEPTUNE BEACH State FL Zip Code 32266-1533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 32400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15865533**  
 Amount of Each Receipt this Period  
 32400.00  
 CONTRIBUTION

**B. MR. GENE SEAMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55LAKESHORE  
 City CORPUS CHRISTI State TX Zip Code 78413-2634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15885872**  
 Amount of Each Receipt this Period  
 -100.00  
 CONTRIBUTION  
 CHARGED BACK

**C. MR. DOUGLAS P. SEATON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4306 SUNNYSIDE RD.  
 City EDINA State MN Zip Code 55424-1101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SEATON, BECK & PETERS, P.A. ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872602**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 42300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DR. JERRY SEBAG**  
 Mailing Address 7677 CENTER AVENUE, SUITE 400  
 City State Zip Code  
 HUNTINGTON BEACH CA 92647-3098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VMR INSTITUTE SURGEON  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.15854810**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JOSEPH N. SEELA**  
 Mailing Address 6770 VIA EMMA  
 City State Zip Code  
 LAS CRUCES NM 88007-4977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 222.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.15857981**  
 Amount of Each Receipt this Period  
 110.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. WILLIAM E. SENN**  
 Mailing Address 314 KENTUCKY AVENUE SE  
 City State Zip Code  
 WASHINGTON DC 20003-2322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VERIZON VICE PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881322**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1110.00  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 363 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. VIRGINIA C. SEVERNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1547 E MYRTLE ST  
 City MASON CITY State IL Zip Code 62664-9601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844035**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MRS. VIRGINIA C. SEVERNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1547 E MYRTLE ST  
 City MASON CITY State IL Zip Code 62664-9601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844363**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MRS. VIRGINIA C. SEVERNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1547 E MYRTLE ST  
 City MASON CITY State IL Zip Code 62664-9601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877722**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 364 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. VIRGINIA C. SEVERNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1547 E MYRTLE ST  
 City MASON CITY State IL Zip Code 62664-9601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15878073**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MS. SUSAN SEXTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11653 W 76TH LN  
 City ARVADA State CO Zip Code 80005-3366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15874664**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. THOMAS SHANKLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2206 MIDDLE BEAR CREEK RD.  
 City VICTOR State MT Zip Code 59875-9602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15851604**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 365 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. BRUCE M. SHAPARD**

Mailing Address 2727 TREBLE CREEK APT 125

City State Zip Code  
SAN ANTONIO TX 78258-4552

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15872509**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT SHAW**

Mailing Address 126 LANGDON ST

City State Zip Code  
NEWTON MA 02458-1983

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEW LONDON HISTORY MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15846311**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ROBERT SHAW**

Mailing Address 126 LANGDON ST

City State Zip Code  
NEWTON MA 02458-1983

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEW LONDON HISTORY MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15873317**

Amount of Each Receipt this Period  
125.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00

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

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

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

FOR LINE NUMBER: PAGE 366 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. THOMAS SHAW**

Mailing Address 33450 MARINA BAY CIRCLE

City Millsboro State DE Zip Code 19966-7172

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

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  
**03 / 26 / 2015**

**Transaction ID : SA11.15870537**

Amount of Each Receipt this Period  
**140.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. SUSAN SHEARER**

Mailing Address 2972 25TH ST. NE

City HARVEY State ND Zip Code 58341-9301

FEC ID number of contributing federal political committee. **C**

Name of Employer HARVEY SAND & GRAVEL, INC. Occupation PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 03 / 2015**

**Transaction ID : SA11.15840610**

Amount of Each Receipt this Period  
**1250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. SHIRLEY H. SHEETS**

Mailing Address 1604 W LOVERS LN

City ARLINGTON State TX Zip Code 76013-3542

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : SA11.15841052**

Amount of Each Receipt this Period  
**70.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1460.00**

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

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

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

FOR LINE NUMBER: PAGE 367 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. SHIRLEY H. SHEETS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1604 W LOVERS LN  
 City ARLINGTON State TX Zip Code 76013-3542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.15865688**  
 Amount of Each Receipt this Period 70.00  
 CONTRIBUTION

**B. SHIRLEY H. SHEETS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1604 W LOVERS LN  
 City ARLINGTON State TX Zip Code 76013-3542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.15868862**  
 Amount of Each Receipt this Period 70.00  
 CONTRIBUTION

**C. SHIRLEY H. SHEETS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1604 W LOVERS LN  
 City ARLINGTON State TX Zip Code 76013-3542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15879434**  
 Amount of Each Receipt this Period 70.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 368 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. A. ROSS SHOEMAKER JR.**

Mailing Address 810 GLENAIRY DR NE

City ATLANTA State GA Zip Code 30328-4219

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15846736**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. A. ROSS SHOEMAKER JR.**

Mailing Address 810 GLENAIRY DR NE

City ATLANTA State GA Zip Code 30328-4219

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875997**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. CLIFFORD SHUART**

Mailing Address 4163 CHIMNEY HEIGHTS NE

City ROSWELL State GA Zip Code 30075-5289

FEC ID number of contributing federal political committee. **C**

Name of Employer DELOITTE Occupation MANAGEMENT CONSULTANT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15885860**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00

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



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

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

FOR LINE NUMBER: PAGE 369 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. RONALD D. SIEGEL**

Mailing Address 1063 SURREY WOODS DR

City State Zip Code  
CANONSBURG PA 15317-6306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED EXEC RECRUITER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15848257**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MICHAEL J. SIGNAIGO**

Mailing Address 91-210 OLAI ST.

City State Zip Code  
KAPOLEI HI 96707-1720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VALVE SERVICE AND SUPPLY PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15842963**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MICHAEL J. SIGNAIGO**

Mailing Address 91-210 OLAI ST.

City State Zip Code  
KAPOLEI HI 96707-1720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VALVE SERVICE AND SUPPLY PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874458**

Amount of Each Receipt this Period  
175.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00

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

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

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

FOR LINE NUMBER:	PAGE 370 OF 756
(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	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JACKIE SIKES**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 S. BANANA RIVER BLVD.

City COCOA BEACH	State FL	Zip Code 32931-3321
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.15843200**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**B. MR. JACKIE SIKES**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 S. BANANA RIVER BLVD.

City COCOA BEACH	State FL	Zip Code 32931-3321
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15847780**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**C. MR. JACKIE SIKES**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 S. BANANA RIVER BLVD.

City COCOA BEACH	State FL	Zip Code 32931-3321
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.15858500**

Amount of Each Receipt this Period  
 150.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 371 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JACKIE SIKES**

Mailing Address 420 S. BANANA RIVER BLVD.

City State Zip Code  
COCOA BEACH FL 32931-3321

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878435**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JACKIE SIKES**

Mailing Address 420 S. BANANA RIVER BLVD.

City State Zip Code  
COCOA BEACH FL 32931-3321

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2015  
**Transaction ID : SA11.15885637**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MAGGY SIMON**

Mailing Address 510 DOHENY ROAD

City State Zip Code  
BEVERLY HILLS CA 90210-2922

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MARTINO & ASSOCIATES, INC BUSINESS MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15850406**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00

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

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. DAWN A. SIMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 11825  
 City TAMPA State FL Zip Code 33680-1825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15848117**  
 Amount of Each Receipt this Period  
 650.00  
 CONTRIBUTION

**B. JACK D. SIMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1624 BOMI CIRCLE  
 City WINTER PARK State FL Zip Code 32792-6315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FLUOR CORP MANAGER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2015  
**Transaction ID : SA11.15873459**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. JACK D. SIMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1624 BOMI CIRCLE  
 City WINTER PARK State FL Zip Code 32792-6315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FLUOR CORP MANAGER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880424**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 373 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DR. VIJAY SINGH**

Mailing Address **W8090 MILLIE HILL ESTATES DR.**

City State Zip Code  
**IRON MOUNTAIN MI 49801-6722**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SELF-EMPLOYED PHYSICIAN**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2000.00**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : SA11.15874710**

Amount of Each Receipt this Period  
**2000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. YANICK SIXTO**

Mailing Address **2060 BAYLIS AVENUE**

City State Zip Code  
**ELMONT NY 11003-2935**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**900.00**

Date of Receipt  
**03 / 19 / 2015**

**Transaction ID : SA11.15863017**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOHN R. SKAGGS**

Mailing Address **2601 BOWIE ST.**

City State Zip Code  
**AMARILLO TX 79109-2109**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SELF-EMPLOYED INVESTMENTS**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**320.00**

Date of Receipt  
**03 / 04 / 2015**

**Transaction ID : SA11.15844382**

Amount of Each Receipt this Period  
**110.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **2410.00**

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

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

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

FOR LINE NUMBER: PAGE 374 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOHN R. SKAGGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 BOWIE ST.  
 City State Zip Code  
 AMARILLO TX 79109-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED INVESTMENTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15862132**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. DAVID T. SKIERKA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18714 MOCKINGBIRD LN  
 City State Zip Code  
 TOMBALL TX 77377-3525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15841283**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. MR. BRAD SMALLWOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 471647  
 City State Zip Code  
 TULSA OK 74147-1647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UNITED SAFETY OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15885849**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 375 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. CARROL SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2114 BRADLEY POND RD  
 City State Zip Code  
 ELLENBURG CENTER NY 12934-2112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15846718**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**B. CARROL SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2114 BRADLEY POND RD  
 City State Zip Code  
 ELLENBURG CENTER NY 12934-2112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875882**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C. CARROL SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2114 BRADLEY POND RD  
 City State Zip Code  
 ELLENBURG CENTER NY 12934-2112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.1587643**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DR. ERIC B. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 348 MERION RD  
 City MERION STATION State PA Zip Code 19066-1532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15854863**  
 Amount of Each Receipt this Period 4000.00  
 CONTRIBUTION

**B. MR. EUGENE V. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1405 FAIRVIEW AVE  
 City GALION State OH Zip Code 44833-1348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SHELBY HORIZONS LTD. Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 745.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15852860**  
 Amount of Each Receipt this Period 745.00  
 CONTRIBUTION

**C. MR. JOHN D. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2809 SAN RAMON DR  
 City RANCHO PALOS VERDES State CA Zip Code 90275-6253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 04 / 2015  
**Transaction ID : SA11.15844980**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4845.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. K. CONWELL SMITH**  
Mailing Address 1110 3RD ST SE  
City State Zip Code  
WASHINGTON DC 20003-3426  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
FEDERATION OF AMERICAN HOSPITALS VP, LEGISLATION  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015  
**Transaction ID : SA11.15854743**  
Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROGER SMITH**  
Mailing Address 2707 BENEDICT CANYON DR  
City State Zip Code  
BEVERLY HILLS CA 90210-1024  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED RETIRED  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2015  
**Transaction ID : SA11.15849129**  
Amount of Each Receipt this Period  
650.00  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. STEPHEN SMITH**  
Mailing Address 7706 MOURNING DOVE DR  
City State Zip Code  
SANFORD NC 27332-8894  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED RETIRED  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015  
**Transaction ID : SA11.15875271**  
Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. STEVEN CURTIS SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address **BOX 1158**  
 City **ABINGDON** State **VA** Zip Code **24212-1158**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **K-VA-T FOOD STORES** Occupation **PRESIDENT**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **03 / 18 / 2015**  
**Transaction ID : SA11.15859838**  
 Amount of Each Receipt this Period **5000.00**  
**CONTRIBUTION**

**B. TROY A. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address **2202 YORKSHIRE SE**  
 City **DECATUR** State **AL** Zip Code **35601-3470**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **RETIRED** Occupation **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **03 / 02 / 2015**  
**Transaction ID : SA11.15841307**  
 Amount of Each Receipt this Period **300.00**  
**CONTRIBUTION**

**C. TROY A. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address **2202 YORKSHIRE SE**  
 City **DECATUR** State **AL** Zip Code **35601-3470**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **RETIRED** Occupation **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **03 / 19 / 2015**  
**Transaction ID : SA11.15863407**  
 Amount of Each Receipt this Period **300.00**  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **5600.00**  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. WILLIAM J. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 N WAHNETA ST. APT. 401  
 City ALLENTOWN State PA Zip Code 18109-2442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15848058**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MRS. WILLIAM J. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 N WAHNETA ST. APT. 401  
 City ALLENTOWN State PA Zip Code 18109-2442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851769**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MRS. WILLIAM J. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 N WAHNETA ST. APT. 401  
 City ALLENTOWN State PA Zip Code 18109-2442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15872839**  
 Amount of Each Receipt this Period  
 40.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 190.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. WILLIAM J. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 N WAHNETA ST. APT. 401  
 City ALLENTOWN State PA Zip Code 18109-2442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA11.15872985**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MS. MARY SMYK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 BUNKER HILL AVE  
 City STRATHAM State NH Zip Code 03885-2404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 407.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.15865677**  
 Amount of Each Receipt this Period 407.00  
 CONTRIBUTION

**C. ALICE W. SNELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4515 N DROMEDARY RD  
 City PHOENIX State AZ Zip Code 85018-2938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15877571**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 707.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOSEPH T. SORENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5741 RIDGE CREEK ROAD  
 City State Zip Code  
 MURRAY UT 84107-6599  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED MANAGER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.15869745**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B. DR. JUAN F. SOTOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4400 SQUIRREL BND  
 City State Zip Code  
 COLUMBUS OH 43220-2212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OHIO STATE UNIVERSITY PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852254**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. MRS. MARYBETH M. SOTOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 W. 11TH STREET  
 City State Zip Code  
 KANSAS CITY MO 64105-1618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 17500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15846228**  
 Amount of Each Receipt this Period  
 17500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 18250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOHN D. SOURS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2558 OAKWOOD TRACE  
 City State Zip Code  
 SMYRNA GA 30080-8291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STATE OF GEORGIA ADMINISTRATOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.15854753**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. LINDA SPARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5119 CAIRNLEIGH DR  
 City State Zip Code  
 HOUSTON TX 77084-1901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874416**  
 Amount of Each Receipt this Period  
 5.00  
 CONTRIBUTION

**C. MR. JAMES M. SPELLINGS JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6623 WAGGONER DRIVE  
 City State Zip Code  
 DALLAS TX 75230-5235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 EXXON MOBIL CORPORATION ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15865529**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5255.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. EDWARD SPOON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 624 CANYON GREENS DR.  
City LAS VEGAS State NV Zip Code 89144-0832  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED  
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  
03 / 30 / 2015  
**Transaction ID : SA11.15875924**  
Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B. MR. RONALD SPORK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3851 ELLSWORTH  
City GARY State IN Zip Code 46408-2030  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CONSOLIDATED, INC Occupation ADMINISTARTOR  
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  
03 / 23 / 2015  
**Transaction ID : SA11.15865460**  
Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C. LEE T. SPRAGUE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2200 S OCEAN LANE APT 2601  
City FORT LAUDERDALE State FL Zip Code 33316-3833  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
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  
03 / 04 / 2015  
**Transaction ID : SA11.15844122**  
Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. R. L. SPURGEON**

Mailing Address 1951 SOUTH BEECH ST

City State Zip Code  
WICHITA KS 67207-6611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 16 / 2015  
**Transaction ID : SA11.1585777**

Amount of Each Receipt this Period  
55.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. R. L. SPURGEON**

Mailing Address 1951 SOUTH BEECH ST

City State Zip Code  
WICHITA KS 67207-6611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2015  
**Transaction ID : SA11.1586812**

Amount of Each Receipt this Period  
55.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. SUSAN J. SQUIRE**

Mailing Address 2475 EAST 4430 SOUTH

City State Zip Code  
SALT LAKE CITY UT 84124-3666

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2015  
**Transaction ID : SA11.15862147**

Amount of Each Receipt this Period  
120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.00

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



**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. NICHOLAS J. ST. GEORGE**

Mailing Address 971 GEORGIA AVE

City State Zip Code  
WINTER PARK FL 32789-2606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15865549**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. GLYNNE STAF LIEN**

Mailing Address 1016 RULE DGE CT

City State Zip Code  
JANESVILLE WI 53545-1345

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15861677**

Amount of Each Receipt this Period  
105.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. DIAN GRAVES STAI**

Mailing Address 400 N. PINE STREET, #1000

City State Zip Code  
MIDLAND TX 79601-5142

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15865525**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11105.00

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. FRANK F. STANTON**

Mailing Address 18322 CRYSTAL LAKES DR.

City State Zip Code  
NORTH ROYALTON OH 44133-6088

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WELL POINT SALES

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874354**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DAVID H. STASHIK**

Mailing Address 1507 EDITH STREET

City State Zip Code  
BERKELEY CA 94703-1123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED COACH

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15865502**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DAVID H. STASHIK**

Mailing Address 1507 EDITH STREET

City State Zip Code  
BERKELEY CA 94703-1123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED COACH

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15870616**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

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

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

FOR LINE NUMBER: PAGE 387 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MARYANN J. STASIK JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5221 W HOPEWELL RD  
 City State Zip Code  
 CENTER VALLEY PA 18034-9758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15872804**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. MR. THOMAS J. STEARNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3036 W 26TH ST  
 City State Zip Code  
 ERIE PA 16506-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2015  
**Transaction ID : SA11.15864816**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MR. THOMAS J. STEARNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3036 W 26TH ST  
 City State Zip Code  
 ERIE PA 16506-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15874475**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1150.00  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 388 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MISS BETTY ANN STEDMAN**  
 Mailing Address 3744 WILLOWICK RD  
 City State Zip Code  
 HOUSTON TX 77019-1116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STEDMAN WEST INTERESTS INVESTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844630**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JEROME STEFFL**  
 Mailing Address 1401 N OAK ST  
 City State Zip Code  
 ARLINGTON VA 22209-3699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCSC PUBLIC AFFAIRS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15864477**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. JOHN C. STEFFEK M.D.**  
 Mailing Address 9611 LOUETTA RD  
 City State Zip Code  
 SPRING TX 77379-6550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JOHN STEFFEK M.D. PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15850534**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 389 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. AVY H. STEIN**

Mailing Address 57 MAPLE HILL ROAD

City State Zip Code  
GLENCOE IL 60022-1308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WILLIS STEIN & PARTNERS MANAGING PARTNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872607**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. BROCK STEIN**

Mailing Address 9 KETTLE RD

City State Zip Code  
TAMAQUA PA 18252-5314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KOCHS TURKEY FARMS EXECUTIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15846399**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. BROCK STEIN**

Mailing Address 9 KETTLE RD

City State Zip Code  
TAMAQUA PA 18252-5314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KOCHS TURKEY FARMS EXECUTIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15849187**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10050.00

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

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

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

FOR LINE NUMBER: PAGE 390 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. BROCK STEIN**  
 Mailing Address 9 KETTLE RD  
 City State Zip Code  
 TAMAQUA PA 18252-5314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 KOCHS TURKEY FARMS EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15854556**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JANET LEE STEINKAMP**  
 Mailing Address 397 SUNDANCE DR  
 City State Zip Code  
 HEMPHILL TX 75948-6583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844378**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. LISA STEPHEN**  
 Mailing Address 1877 WOLF CREEK ROAD  
 City State Zip Code  
 CUBA NY 14727-9578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WAYNE CONCRETE PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854852**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5200.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. GORDON H. STERLING**

Mailing Address **68 S FLAGSTONE PATH**

City State Zip Code  
**THE WOODLANDS TX 77381-6623**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**03 / 25 / 2015**  
**Transaction ID : SA11.15885843**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. KAREN M. STEVENSON**

Mailing Address **26187 TUNIS MILLS RD**

City State Zip Code  
**EASTON MD 21601-5521**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**550.00**

Date of Receipt  
**03 / 09 / 2015**  
**Transaction ID : SA11.15847372**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. KAREN M. STEVENSON**

Mailing Address **26187 TUNIS MILLS RD**

City State Zip Code  
**EASTON MD 21601-5521**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**550.00**

Date of Receipt  
**03 / 17 / 2015**  
**Transaction ID : SA11.15861373**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **650.00**

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

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

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

FOR LINE NUMBER: PAGE 392 OF 756  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. SPENCER STOKES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4259 SKYLINE DRIVE  
 City OGDEN State UT Zip Code 84403-3253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STOKES STRATEGIES Occupation GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 19 / 2015  
**Transaction ID : SA11.15854912**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

**B. PATTY STOLNACKER KOCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4645 GREENE PLACE, NW  
 City WASHINGTON State DC Zip Code 20007-2510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WMWARE Occupation GOVERNMENT AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : SA11.15864779**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MR. BENNY G. STONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 928 N MAIN ST  
 City MONTICELLO State AR Zip Code 71655-4228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15851226**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 3100.00  
**TOTAL** This Period (last page this line number only).....▶



**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)	PAGE 393 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. STEVEN O. STOOPS**  
Full Name (Last, First, Middle Initial)

Mailing Address 11805 MEADOWGLEN LANE APT.2111

City	State	Zip Code
HOUSTON	TX	77082-3150

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2015

**Transaction ID : SA11.15873477**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B. MS. LYNNE L. STORY**  
Full Name (Last, First, Middle Initial)

Mailing Address 479 S PUUNENE AVE

City	State	Zip Code
KAHULUI	HI	96732-2921

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : SA11.15874440**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C. MR. JOHN T. STOUT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1613 APPALOOSA DR

City	State	Zip Code
GERMANTOWN	TN	38138-5060

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

**Transaction ID : SA11.15842750**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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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 (Last, First, Middle Initial)  
**A. MR. WILLIAM C. STRATTON**

Mailing Address P.O. BOX 248

City State Zip Code  
AVON BY THE SEA NJ 07717-0248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOVA FINANCIAL CONSULTING FINANCIAL ADVISOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874683**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MICHAEL STRAZZELLA**

Mailing Address 1700 K STREET, NW

City State Zip Code  
WASHINGTON DC 20006-3817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BUCHANAN INGERSOLL & ROONEY GOVERNMENT AFFAIRS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2015  
**Transaction ID : SA11.15839363**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MICHAEL STRAZZELLA**

Mailing Address 1700 K STREET, NW

City State Zip Code  
WASHINGTON DC 20006-3817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BUCHANAN INGERSOLL & ROONEY GOVERNMENT AFFAIRS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2015  
**Transaction ID : SA11.15873550**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1200.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. WILLIAM G. STRICKLAND**  
 Mailing Address P.O. BOX 490  
 City State Zip Code  
 BELLARTHUR NC 27811-0490  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851339**  
 Amount of Each Receipt this Period  
 105.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DONALD STROMBERG**  
 Mailing Address P.O. BOX 518  
 City State Zip Code  
 ROOSEVELT AZ 85545-0518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15874650**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DONALD STROMBERG**  
 Mailing Address P.O. BOX 518  
 City State Zip Code  
 ROOSEVELT AZ 85545-0518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880169**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 455.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. SCOTT D. STROUD**

Mailing Address 416 TRAVIS STREET  
SUITE 608

City State Zip Code  
SHREVEPORT LA 71101-5502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
STROUD EXPLORATION CO. PETROLEUM GEOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854843**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. PREDRAG SUBOTIC**

Mailing Address 8662 MIDLAND PKWY

City State Zip Code  
JAMAICA NY 11432-3042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED PROPERTY OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844557**

Amount of Each Receipt this Period  
230.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. THOMAS W. SUDBERRY JR.**

Mailing Address 5465 MOREHOUSE DRIVE  
SUITE 260

City State Zip Code  
SAN DIEGO CA 92121-4714

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SUDBERRY PROPERTIES CHAIRMAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15865522**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2230.00

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

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

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

FOR LINE NUMBER: PAGE 397 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. PAUL SUITS**  
 Mailing Address 1911 LORINGS CROSSING  
 City State Zip Code  
 CORTLAND NY 13045-9747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SUIT-KOTE VICE PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872590**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MARK SUTHERLAND**  
 Mailing Address 4000 MAIN STREET  
 City State Zip Code  
 KANSAS CITY MO 64111-2313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SUTHERLAND'S LUMBER OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854846**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. BETTY SUTPHIN**  
 Mailing Address 187 HORSEPEN BR  
 City State Zip Code  
 MINERAL VA 23117-3625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15865746**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11150.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 398 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. F. JOSEPH SVEC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 266 CHEESTANA WAY  
 City LOUDON State TN Zip Code 37774-2527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15841300**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MR. FRANK O. SWANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19273 GLEN EAGLES DR.  
 City LIVONIA State MI Zip Code 48152-4018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15847802**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MR. FRANK O. SWANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19273 GLEN EAGLES DR.  
 City LIVONIA State MI Zip Code 48152-4018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15876062**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 399 OF 756
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 (Last, First, Middle Initial) <b>A. MR. ANDREW P. SWIGER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 25 / 2015 <b>Transaction ID : SA11.15872579</b>
Mailing Address 9898 HOLLOW WAY ROAD		Amount of Each Receipt this Period 5000.00
City DALLAS	State TX	Zip Code 75220-2123
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer EXXON MOBIL	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. JAMES B. SWIRE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 02 / 2015 <b>Transaction ID : SA11.15842523</b>
Mailing Address 4 MILL POND LANE		Amount of Each Receipt this Period 25.00
City NEW ROCHELLE	State NY	Zip Code 10805-2128
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES B. SWIRE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 06 / 2015 <b>Transaction ID : SA11.15845916</b>
Mailing Address 4 MILL POND LANE		Amount of Each Receipt this Period 25.00
City NEW ROCHELLE	State NY	Zip Code 10805-2128
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 400 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JAMES B. SWIRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 MILL POND LANE  
 City NEW ROCHELLE State NY Zip Code 10805-2128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15870773**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. JAMES B. SWIRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 MILL POND LANE  
 City NEW ROCHELLE State NY Zip Code 10805-2128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15872523**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. JAMES B. SWIRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 MILL POND LANE  
 City NEW ROCHELLE State NY Zip Code 10805-2128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.15873205**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 401 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JAMES B. SWIRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 MILL POND LANE  
 City NEW ROCHELLE State NY Zip Code 10805-2128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2015  
**Transaction ID : SA11.15873519**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. JAMES B. SWIRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 MILL POND LANE  
 City NEW ROCHELLE State NY Zip Code 10805-2128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.15873629**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. JAMES B. SWIRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 MILL POND LANE  
 City NEW ROCHELLE State NY Zip Code 10805-2128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15874643**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 402 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. BEN J. TARBUTTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 625 LINTON RD  
 City SANDERSVILLE State GA Zip Code 31082-9401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852991**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. MR. EDWARD TARBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4131 BRUNER AVE  
 City BRONX State NY Zip Code 10466-2027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15865768**  
 Amount of Each Receipt this Period  
 220.00  
 CONTRIBUTION

**C. MR.. NICHOLAS F. TAUBMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2818 AVENHAM AVE. SW  
 City ROANOKE State VA Zip Code 24014-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MOZART INVESTMENTS PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15846226**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6220.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 403 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. THOMAS J. TAUKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1405 GREENWOOD PLACE  
 City ALEXANDRIA State VA Zip Code 22304-1604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VERIZON COMMUNICATIONS Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15881317**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. MR. DAVID TAWNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3600 PATTEE CY. RD.  
 City MISSOULA State MT Zip Code 59803-1825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 05 / 2015  
**Transaction ID : SA11.15845197**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MR. ANDREW C. TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1147 LOG CABIN LANE  
 City ST. LOUIS State MO Zip Code 63124-1519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ENTERPRISE LEASING COMPANY Occupation CEO AND PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 16700.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15872582**  
 Amount of Each Receipt this Period 16700.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	21800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 404 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JACK C. TAYLOR**

Mailing Address 35 HUNTER AVENUE

City State Zip Code  
SAINT LOUIS MO 63124-2008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ENTERPRISE RENT A CAR EXECUTIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
16700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872580**

Amount of Each Receipt this Period  
16700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DANIEL TELLEP**

Mailing Address 20231 LA PALOMA AVE

City State Zip Code  
SARATOGA CA 95070-5912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15859485**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DANIEL TELLEP**

Mailing Address 20231 LA PALOMA AVE

City State Zip Code  
SARATOGA CA 95070-5912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874367**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 16900.00

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

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

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

FOR LINE NUMBER: PAGE 405 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ANDREW P. THEODORE**

Mailing Address **8616 BUCKBOARD DRIVE**

City State Zip Code  
**ALEXANDRIA VA 22308-2215**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**THE THEODORE COMPANY, LLC POLITICAL CONSULTANT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**03 / 18 / 2015**  
**Transaction ID : SA11.15854827**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DONALD J. THIEMANN**

Mailing Address **12184 STONE MILL RD**

City State Zip Code  
**CINCINNATI OH 45251-4134**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**03 / 19 / 2015**  
**Transaction ID : SA11.15863456**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JOBETH THOMAS**

Mailing Address **12171 PERRIN MILL EST. LN.**

City State Zip Code  
**ASHLAND VA 23005-7927**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**03 / 19 / 2015**  
**Transaction ID : SA11.15854797**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **900.00**

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

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ERIC J. THOMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5070 HIGHVIEW PL  
 City GREENWOOD State MN Zip Code 55331-8765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15882811**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B. MR. ALLEN THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9675 PARKER RD  
 City HUNT State NY Zip Code 14846-9745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15849550**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MR. ALLEN THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9675 PARKER RD  
 City HUNT State NY Zip Code 14846-9745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15869179**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ALLEN THOMPSON**

Mailing Address **9675 PARKER RD**

City State Zip Code  
**HUNT NY 14846-9745**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**240.00**

Date of Receipt  
**03 / 31 / 2015**  
**Transaction ID : SA11.15879400**

Amount of Each Receipt this Period  
**70.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GLENN W. THOMPSON**

Mailing Address **2874 CRESTHILL DRIVE**

City State Zip Code  
**BULLHEAD CITY AZ 86442-8503**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**215.00**

Date of Receipt  
**03 / 24 / 2015**  
**Transaction ID : SA11.15865309**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RANDALL THOMPSON JR.**

Mailing Address **34 BEDFORD ROAD**

City State Zip Code  
**LINCOLN MA 01773-2037**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SELF-EMPLOYED ARCHITECT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
**03 / 18 / 2015**  
**Transaction ID : SA11.15885562**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **195.00**

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

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. CARLYLE THORSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 1ST STREET SE  
 City WASHINGTON State DC Zip Code 20003-1827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THORSEN FRENCH ADVOCACY Occupation PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880109**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. CARLYLE THORSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 1ST STREET SE  
 City WASHINGTON State DC Zip Code 20003-1827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THORSEN FRENCH ADVOCACY Occupation PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880110**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. NADINE THURMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1077 SHELBY 306  
 City CLARENCE State MO Zip Code 63437-3137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844304**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2035.00  
**TOTAL** This Period (last page this line number only)..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. NADINE THURMAN**

Mailing Address 1077 SHELBY 306

City State Zip Code  
CLARENCE MO 63437-3137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
03 / 17 / 2015  
**Transaction ID : SA11.15864420**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. NADINE THURMAN**

Mailing Address 1077 SHELBY 306

City State Zip Code  
CLARENCE MO 63437-3137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
03 / 25 / 2015  
**Transaction ID : SA11.15872287**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. NADINE THURMAN**

Mailing Address 1077 SHELBY 306

City State Zip Code  
CLARENCE MO 63437-3137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA11.15879877**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. WARREN F. TIGNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2203 MILLER RD  
 City ROSHARON State TX Zip Code 77583-4533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 03 / 04 / 2015  
**Transaction ID : SA11.15844526**  
 Amount of Each Receipt this Period 255.00  
 CONTRIBUTION

**B. MR. WARREN F. TIGNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2203 MILLER RD  
 City ROSHARON State TX Zip Code 77583-4533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15855131**  
 Amount of Each Receipt this Period 255.00  
 CONTRIBUTION

**C. MS. VIOLA M. TIMBERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2330 5TH AVE APT 16P  
 City NEW YORK State NY Zip Code 10037-1620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15855841**  
 Amount of Each Receipt this Period 80.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 590.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DOUGLAS TIPTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 BILTMORE  
 City SAINT SIMONS ISLAND State GA Zip Code 31522-2428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 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  
 03 / 30 / 2015  
**Transaction ID : SA11.15878347**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. MS. LOIS E. TITUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 N LINDEN DR  
 City VENTURA State CA Zip Code 93004-1236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 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  
 03 / 09 / 2015  
**Transaction ID : SA11.15847583**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**C. STEVEN TONISSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1237 S LARKSPUR CT  
 City GILBERT State AZ Zip Code 85296-4090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED 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  
 03 / 31 / 2015  
**Transaction ID : SA11.15874467**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5550.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ROBERT T. TOPPING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 WINDCASTLE COURT  
 City ST. CHARLES State MO Zip Code 63304-0457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer QINETIQ NORTH AMERICA Occupation C.O.O. - NORTH AMERICAN DIVISION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15853278**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. MS. ALMA E. TOTUSEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2125 ELM STREET  
 City FREMONT State NE Zip Code 68025-2642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : SA11.15841004**  
 Amount of Each Receipt this Period 90.00  
 CONTRIBUTION

**C. MS. ALMA E. TOTUSEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2125 ELM STREET  
 City FREMONT State NE Zip Code 68025-2642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15871221**  
 Amount of Each Receipt this Period 135.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5225.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. PETER M. TOWNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 298  
 City OLNEY State MD Zip Code 20830-0298  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11.15850561**  
 Amount of Each Receipt this Period  
 80.00  
 CONTRIBUTION

**B. MRS. DEBORAH TRACEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6082 HILLER DRIVE  
 City CICERO State NY Zip Code 13039-9372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TRACEY ROAD EQUIPMENT LLC VICE PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872589**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**C. DR. DAVID S. TRIBBLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 906 ACADAMY DR  
 City BRANDON State FL Zip Code 33511-8401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CENTER FOR HOSPICE CARE PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 236.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15846441**  
 Amount of Each Receipt this Period  
 236.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10316.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. GARY V. TRIDER**  
 Mailing Address 7950 MESA TRAILS CIRCLE  
 City State Zip Code  
 AUSTIN TX 78731-1445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15874950**  
 Amount of Each Receipt this Period  
 155.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT TROOP**  
 Mailing Address 23377 WINGEDFOOT DRIVE  
 City State Zip Code  
 WESTLAKE OH 44145-4380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 THE SHAMROCK COMPANIES CHAIRMAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15842542**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JAMES M. TROUTMAN**  
 Mailing Address 20414 FALLINGWATER CIR  
 City State Zip Code  
 FRANKFORT IL 60423-1804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15847239**  
 Amount of Each Receipt this Period  
 130.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1285.00  
**TOTAL** This Period (last page this line number only)..... ►

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. WILLIAM TRUKENBROD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 977 KIRKHILL LN  
 City LAKE FOREST State IL Zip Code 60045-4209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15846368**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. PATRICIA R. TRUTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 521 GARRISON FOREST RD  
 City OWINGS MILLS State MD Zip Code 21117-4010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877517**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. RICHARD TUBB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 S MAGNOLIA  
 City WOODVILLE State TX Zip Code 75979-5234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TMT MINERAL TRUST Occupation MANAGING TRUSTEE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.15873216**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. GARY TUCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12765 W 67TH WAY  
 City ARVADA State CO Zip Code 80004-2282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BALL CORPORATION Occupation PILOT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 03 / 11 / 2015  
**Transaction ID : SA11.15849179**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. GARY TUCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12765 W 67TH WAY  
 City ARVADA State CO Zip Code 80004-2282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BALL CORPORATION Occupation PILOT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 03 / 25 / 2015  
**Transaction ID : SA11.15870767**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. GARY TUCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12765 W 67TH WAY  
 City ARVADA State CO Zip Code 80004-2282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BALL CORPORATION Occupation PILOT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 03 / 29 / 2015  
**Transaction ID : SA11.15873551**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. HOWARD J. TUGGEY**

Mailing Address 558 TIMBER RIDGE DRIVE

City State Zip Code  
TROPHY CLUB TX 76262-5645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
775.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15839180**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HOWARD J. TUGGEY**

Mailing Address 558 TIMBER RIDGE DRIVE

City State Zip Code  
TROPHY CLUB TX 76262-5645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
775.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874464**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MISS MARJORIE TURECHEK**

Mailing Address 2543 S PEARL ST

City State Zip Code  
DENVER CO 80210-5719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.15858441**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

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

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

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

FOR LINE NUMBER: PAGE 418 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ZINA TUROVSKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 199 CURTIS RD.  
 City WOODMERE State NY Zip Code 11598-1811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15871036**  
 Amount of Each Receipt this Period  
 225.00  
 CONTRIBUTION

**B. MR. THEODORE TURPIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 S BROADWAY PL APT 1366  
 City TUCSON State AZ Zip Code 85710-3795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15839151**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. DR. LEE TUTTLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4718 HALLMARK DR. #102  
 City HOUSTON State TX Zip Code 77056-3911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852950**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 419 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DR. LEE TUTTLE**

Mailing Address 4718 HALLMARK DR. #102

City State Zip Code  
HOUSTON TX 77056-3911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15869563**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. GEORGE E. UDING**

Mailing Address 1923 SPRINGBERRY CIR

City State Zip Code  
NAPLES FL 34109-1425

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
301.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872068**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. BRIAN G. UFFELMAN**

Mailing Address 216 WARWICK DR.

City State Zip Code  
PITTSBURGH PA 15241-2130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
I MORTGAGE SERVICES CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15849946**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

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

**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)	PAGE 420 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. GARY L. UPTON</b>		Date of Receipt MM / DD / YYYY 03 / 05 / 2015 <b>Transaction ID : SA11.15845204</b>
Mailing Address 1908 STONEBROOK DRIVE		Amount of Each Receipt this Period 100.00
City ARLINGTON	State TX	Zip Code 76012-5738
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) <b>B. MR. GARY L. UPTON</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : SA11.15852956</b>
Mailing Address 1908 STONEBROOK DRIVE		Amount of Each Receipt this Period 35.00
City ARLINGTON	State TX	Zip Code 76012-5738
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) <b>C. DR. ALEXANDER R. VACCARO</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : SA11.15854858</b>
Mailing Address 925 CHESTNUT ST. FL 5		Amount of Each Receipt this Period 4000.00
City PHILADELPHIA	State PA	Zip Code 19107-4206
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer ROTHMAN INSTITUTE	Occupation SURGEON	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 421 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. SCOTT VALENTINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1318  
 City SUGARLOAF State CA Zip Code 92386-1318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15845182**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MR. SCOTT VALENTINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1318  
 City SUGARLOAF State CA Zip Code 92386-1318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15868747**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MR. SCOTT VALENTINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1318  
 City SUGARLOAF State CA Zip Code 92386-1318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15868870**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 422 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JMAES VALSAME**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 302 TIFFANY CIR  
 City GARNER State NC Zip Code 27529-4329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844263**  
 Amount of Each Receipt this Period  
 60.00  
 CONTRIBUTION

**B. MRS. FRANCES W. VAN GORDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 DUPRE MILL RD  
 City LEXINGTON State SC Zip Code 29072-7309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15847873**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MRS. FRANCES W. VAN GORDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 DUPRE MILL RD  
 City LEXINGTON State SC Zip Code 29072-7309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877533**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 310.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 423 OF 756
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JASON C. VANCE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1604 PRIMROSE LANE  
City BORGER State TX Zip Code 79007-6446  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation INVESTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2015  
**Transaction ID : SA11.15885678**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. J. S. VANDERWOUDE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 510 MEADOWMONT VILLAGE CIRCLE  
City CHAPEL HILL State NC Zip Code 27517-7584  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15880421**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**C. MR. S. WIL VANLOH JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1401 MCKINNEY STREET SUITE 2700  
City HOUSTON State TX Zip Code 77010-4034  
FEC ID number of contributing federal political committee. **C**  
Name of Employer QUANTUM ENERGY PARTNERS Occupation PRESIDENT & C.E.O.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15850529**  
Amount of Each Receipt this Period 33400.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 33750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 424 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. PETER VARISCHETTI**

Mailing Address 1033 MAIN STREET

City State Zip Code  
BROCKWAY PA 15824-1617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VARISCHETTI & SONS OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15849308**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. JANE VARNER BEARD**

Mailing Address 1901 RIVER OAKS ROAD

City State Zip Code  
ABILENE TX 79605-4814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15865534**

Amount of Each Receipt this Period  
1200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. BHARAT VASHI**

Mailing Address 8220 ESTERS BLVD

City State Zip Code  
IRVING TX 75063-2907

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ATLAS HOSPITALITY LTD MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15859806**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2700.00

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



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

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

FOR LINE NUMBER: PAGE 425 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JACK L. VAUGHAN SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 576  
 City BELLS State TN Zip Code 38006-0576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852008**  
 Amount of Each Receipt this Period  
 120.00  
 CONTRIBUTION

**B. MR. DON A. VERNON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1448 SANTA LUISA DR  
 City SOLANA BEACH State CA Zip Code 92075-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877819**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C. MS. MABEL C. VICE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10937 CHAPEL WOODS BLVD NORTH  
 City NOBLESVILLE State IN Zip Code 46060-4835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.15844594**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 370.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 426 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. MABEL C. VICE**

Mailing Address 10937 CHAPEL WOODS BLVD NORTH

City State Zip Code  
NOBLESVILLE IN 46060-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15854115**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. MABEL C. VICE**

Mailing Address 10937 CHAPEL WOODS BLVD NORTH

City State Zip Code  
NOBLESVILLE IN 46060-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875642**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MASSEY VILLARREAL**

Mailing Address 4515 RILEY WAY LANE

City State Zip Code  
SUGAR LAND TX 77479-6716

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PTG CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874692**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

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

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

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

FOR LINE NUMBER: PAGE 427 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. WALTER F. VINES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 174 MORRISON AVE  
 City State Zip Code  
 STATEN ISLAND NY 10310-2835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15872511**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. MR. WALTER F. VINES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 174 MORRISON AVE  
 City State Zip Code  
 STATEN ISLAND NY 10310-2835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15877501**  
 Amount of Each Receipt this Period  
 110.00  
 CONTRIBUTION

**C. MR. WALTER F. VINES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 174 MORRISON AVE  
 City State Zip Code  
 STATEN ISLAND NY 10310-2835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880433**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:	PAGE 428 OF 756
<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	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MS. DRURY L. VINTON</b>		Date of Receipt
Mailing Address 365 N.MAIN ST. M2		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
WEST LEBANON	NH	03784-1011
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.15885702</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR. SCOTT R. WAGNER</b>		Date of Receipt
Mailing Address PO BOX 1627		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
YORK	PA	17405-1627
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.15845836</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
PENN WASTE INC.	PRESIDENT & OWNER	<input type="text" value="33400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="33400.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR. DONALD D. WALKER</b>		Date of Receipt
Mailing Address 1175 CRESPI DR		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
SUNNYVALE	CA	94086-7040
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.15849820</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="35.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="33935.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 429 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DONALD D. WALKER**

Mailing Address 1175 CRESPI DR

City State Zip Code  
SUNNYVALE CA 94086-7040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15862288**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOHN B. WALKER**

Mailing Address 7 PINE GROVE CIRCLE

City State Zip Code  
HOUSTON TX 77024-3022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ENERVEST LTD PRESIDENT & C.E.O.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854851**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MILTON C. WALKER**

Mailing Address 1414 N ROOSEVELT

City State Zip Code  
GUYMON OK 73942-3246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
D&M TECHNOLOGIES SALESMAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15859239**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5335.00

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

**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)	PAGE 430 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. RICHARD WALKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6028 SWEETGUM DRIVE  
City MONCLOVA State OH Zip Code 43542-8616  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ALLAN BLOCK Occupation VP ENGINEERING  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2015  
**Transaction ID : SA11.15859830**  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION

**B. MISS KATHALEEN WALL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6632 RODRIGO STREET  
City HOUSTON State TX Zip Code 77007-2045  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA11.15878316**  
Amount of Each Receipt this Period 5000.00  
CONTRIBUTION

**C. MS. FLORENCE WALLS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2524 E 3RD ST  
City PORT ORCHARD State WA Zip Code 98366-5010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15861914**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5525.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 431 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. FLORENCE WALLS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2524 E 3RD ST  
 City PORT ORCHARD State WA Zip Code 98366-5010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 19 / 2015  
**Transaction ID : SA11.15863531**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**B. MRS. LAURENS D. WALRATH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1684 WHITE MINES RD UNIT B UNIT B  
 City ABILENE State TX Zip Code 79603-8918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15879351**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MR. THOMAS R. WALTERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6536 BELMONT ST  
 City HOUSTON State TX Zip Code 77005-3804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EXXON MOBIL Occupation ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15869815**  
 Amount of Each Receipt this Period 3000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3450.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 432 OF 756  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JIM C. WALTON**

Mailing Address P.O. BOX 1860

City State Zip Code  
BENTONVILLE AR 72712-1860

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ARVEST BANK GROUP CHAIRMAN & C.E.O.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
32400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 05 / 2015  
**Transaction ID : SA11.15846217**

Amount of Each Receipt this Period  
32400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. LYNNE WALTON**

Mailing Address 308 NORTHEAST CIR

City State Zip Code  
BENTONVILLE AR 72712-5719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ARVEST BANK GROUP PRESIDENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
32400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 05 / 2015  
**Transaction ID : SA11.15846216**

Amount of Each Receipt this Period  
32400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. J. J. WANG**

Mailing Address 168 E. CENTER ST.

City State Zip Code  
MOAB UT 84532-2430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 17 / 2015  
**Transaction ID : SA11.15854862**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 66800.00

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



**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)	PAGE 433 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. BETTY R. WARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3730 RAMSEY DR  
 City MARIETTA State GA Zip Code 30062-8713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15875395**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**B. MS. BETTY WASHENFELDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2256  
 City NEDERLAND State TX Zip Code 77627-8256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUPERIOR ENERGIES, INC Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15880462**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MRS. ELFRIEDA A. WEBER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3984 LAYTON ST RD  
 City LYONS State NY Zip Code 14489-9003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 10 / 2015  
**Transaction ID : SA11.15849578**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 434 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DANIEL WEINREIS**

Mailing Address 110899 COUNTY RD. 28

City State Zip Code  
MINATARE NE 69356-4119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC AGRICULTURE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15847695**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ALAN WEISSMAN**

Mailing Address 120 OLD POST ROAD

City State Zip Code  
RYE NY 10580-1414

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WEISSMAN MANAGEMENT SELF-EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.15854666**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HAROLD WEISS**

Mailing Address 8072 VALHALLA DRIVE

City State Zip Code  
DELRAY BEACH FL 33446-9513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2015  
**Transaction ID : SA11.15853214**

Amount of Each Receipt this Period  
400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

**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)	PAGE 435 OF 756
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ROBERT G. WEISS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16523 ON PAR BLVD  
 City FORT MYERS State FL Zip Code 33908-2879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : SA11.15842320**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**B. JASON W. WELLMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 630 NEWMAN TRL.  
 City STILLWATER State MN Zip Code 55082-3464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15882814**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MS. CHERYL WELLS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 366 16TH STREET SE  
 City LE MARS State IA Zip Code 51031-2761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2015  
**Transaction ID : SA11.15865517**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 436 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DR. CORNELIS G. WESSELING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 904 SANTA CRUZ CT.  
 City ROSEVILLE State CA Zip Code 95661-5322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CASE MEDICAL GRP INC Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15853865**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MR. MICHAEL E. WEST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3512 TUSCANY DR.  
 City PHILADELPHIA State PA Zip Code 19145-5742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ROTHMAN INSTITUTE Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854859**  
 Amount of Each Receipt this Period  
 4000.00  
 CONTRIBUTION

**C. DR. RICHARD M. WESTMARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 WATERFORD OAKS LANE  
 City KEMAH State TX Zip Code 77565-2922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation NEUROSURGEON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.15845838**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 14250.00  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 437 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DR. RICHARD M. WESTMARK**

Mailing Address **22 WATERFORD OAKS LANE**

City **KEMAH** State **TX** Zip Code **77565-2922**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **NEUROSURGEON**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**10000.00**

Date of Receipt  
**03 / 12 / 2015**

**Transaction ID : SA11.15894277**

Amount of Each Receipt this Period  
**10000.00**

**CONTRIBUTION**

**REFUNDED \$10,000.00 ON 03/20/2015**

Full Name (Last, First, Middle Initial)  
**B. ROGER O. WHEELWRIGHT**

Mailing Address **P.O. BOX 644059**

City **VERO BEACH** State **FL** Zip Code **32964-4059**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**235.00**

Date of Receipt  
**03 / 10 / 2015**

**Transaction ID : SA11.15849530**

Amount of Each Receipt this Period  
**200.00**

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MR. ROBERT G. WHELAN**

Mailing Address **84 RUNNING CREEK CIR.**

City **ROCHESTER** State **NY** Zip Code **14623-4159**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**665.00**

Date of Receipt  
**03 / 09 / 2015**

**Transaction ID : SA11.15847625**

Amount of Each Receipt this Period  
**350.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ► **10550.00**

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DR. WILLIAM G. WHITAKER III**  
 Mailing Address 4430 DAVIDSON AVE NE  
 City ATLANTA State GA Zip Code 30319-1128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2015  
**Transaction ID : SA11.15873518**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ALAN WHITE**  
 Mailing Address 2323 VICTORY AVENUE SUITE 1400  
 City DALLAS State TX Zip Code 75219-7695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PLAINS CAPITAL Occupation CHAIRMAN & C.E.O.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15878383**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ANDY WHITEHEAD**  
 Mailing Address PO BOX 1095  
 City BUNA State TX Zip Code 77612-1095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MERIT OILFIELD Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15872587**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 11050.00  
**TOTAL** This Period (last page this line number only)..... ►

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

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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. ELI E. WHITE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 724 NICKLAUS DR  
 City MELBOURNE State FL Zip Code 32940-1790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : SA11.15852962**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MR. JOHN WHITE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11464 DISCOVERY PARK DR  
 City ANCHORAGE State AK Zip Code 99515-2749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SWIFT ENGINEERING Occupation CONTRACT ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15864422**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION

**C. MS. LETITIA H. WHITE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13901 PISCATAWAY DRIVE  
 City FORT WASHINGTON State MD Zip Code 20744-6639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INNOVATIVE FEDERAL STRATEGIES Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 03 / 20 / 2015  
**Transaction ID : SA11.15865518**  
 Amount of Each Receipt this Period 15000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 15400.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 440 OF 756  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. WALTER R. WHITE**

Mailing Address **4833 MCDONALD DRIVE CIRCLE N**

City State Zip Code  
**STILLWATER MN 55082-2150**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**ALLIANZ LIFE INS. COMPANY PRESIDENT & CEO**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3000.00**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : SA11.15882808**

Amount of Each Receipt this Period  
**3000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WALTER W. WHITE**

Mailing Address **1607 WALLETON COURT**

City State Zip Code  
**ALEXANDRIA VA 22302-3928**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : SA11.15881318**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. LEE WHITNEY**

Mailing Address **510 LAFAYETTE ST**

City State Zip Code  
**HOUMA LA 70360-4337**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**LEE WHITNEY SIGNS SIGN MAKER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**03 / 27 / 2015**

**Transaction ID : SA11.15872408**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **3800.00**

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



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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. CURTIS WHITTLESEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1880 BROOKWOOD AVE APT. 509  
 City BURLINGTON State NC Zip Code 27215-3206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 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  
 03 / 12 / 2015  
**Transaction ID : SA11.15852900**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MRS. RACHEL S. WHITTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 GREENBRIAR CIR.  
 City KERRVILLE State TX Zip Code 78028-6520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 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  
 03 / 25 / 2015  
**Transaction ID : SA11.15871801**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MRS. SHARON WICKSTRUM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11870 HIGHWAY 13  
 City WESTMORELAND State KS Zip Code 66549-9660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15853134**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**TOTAL** This Period (last page this line number only).....▶

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. KATHRYN JANET WIECHMAN**

Mailing Address P.O. BOX 9169

City State Zip Code  
HUNTSVILLE TX 77340-0020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.15852979**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROB WIESSNER**

Mailing Address 3 ARROWHEAD LANE

City State Zip Code  
ROLLING HILLS ESTATES CA 90274-4818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ATLAS ENGINE REBUILDING OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15849868**

Amount of Each Receipt this Period  
525.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RONALD B. WILDMAN**

Mailing Address 7417 HAWKINS DRIVE

City State Zip Code  
HANOVER MD 21076-1522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WILDMAN ENVIRONMENTAL SERVICE INC. CONSULTANT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15874685**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1575.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. RONALD B. WILDMAN**

Mailing Address **7417 HAWKINS DRIVE**

City **HANOVER** State **MD** Zip Code **21076-1522**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WILDMAN ENVIRONMENTAL SERVICE INC.** Occupation **CONSULTANT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt  
**03 / 31 / 2015**  
**Transaction ID : SA11.15874686**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOSEPH L. WILHELM**

Mailing Address **884 PEBBLEBROOK**

City **EAST LANSING** State **MI** Zip Code **48823-2164**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LANSING OPHTHALMOLOGY** Occupation **OPHTHALMOLOGIST**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**03 / 02 / 2015**  
**Transaction ID : SA11.15840668**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOSEPH L. WILHELM**

Mailing Address **884 PEBBLEBROOK**

City **EAST LANSING** State **MI** Zip Code **48823-2164**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LANSING OPHTHALMOLOGY** Occupation **OPHTHALMOLOGIST**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**03 / 10 / 2015**  
**Transaction ID : SA11.15849194**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **1150.00**

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

**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)	PAGE 444 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MS. MAUDE WILLBERN JR.</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15879364</b>
Mailing Address 706 E HENDERSON ST.		Amount of Each Receipt this Period 2000.00
City BISHOP	State TX	Zip Code 78343-2906
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation HOUSEWIFE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. ARTHUR J. WILLIAMS</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2015 <b>Transaction ID : SA11.15866126</b>
Mailing Address P.O. BOX 198307		Amount of Each Receipt this Period 3.00
City CHICAGO	State IL	Zip Code 60619-8307
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer A WILLIAMS CONSULTING	Occupation CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.00	

Full Name (Last, First, Middle Initial) <b>C. ARTHUR J. WILLIAMS</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2015 <b>Transaction ID : SA11.15869316</b>
Mailing Address P.O. BOX 198307		Amount of Each Receipt this Period 250.00
City CHICAGO	State IL	Zip Code 60619-8307
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer A WILLIAMS CONSULTING	Occupation CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2253.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. B. H. WILLIAMS JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13810 BALMORE CIR.  
 City HOUSTON State TX Zip Code 77069-1902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15855858**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**B. MR. B. H. WILLIAMS JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13810 BALMORE CIR.  
 City HOUSTON State TX Zip Code 77069-1902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.15859617**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MR. DONALD F. WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7970 YORKHAVEN RD.  
 City MOBILE State AL Zip Code 36695-4901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INDUSTRIAL VALVE Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.15859841**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. EMMA WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 WEST 82ND STREET  
 U.S. GOVERNMENT  
 City Inglewood State CA Zip Code 90305-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US GOVERNMENT Occupation MGMT BNSF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 04 / 2015  
**Transaction ID : SA11.15843751**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**B. MRS. EMMA WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 WEST 82ND STREET  
 U.S. GOVERNMENT  
 City Inglewood State CA Zip Code 90305-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US GOVERNMENT Occupation MGMT BNSF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 06 / 2015  
**Transaction ID : SA11.15845911**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MRS. EMMA WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 WEST 82ND STREET  
 U.S. GOVERNMENT  
 City Inglewood State CA Zip Code 90305-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US GOVERNMENT Occupation MGMT BNSF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA11.15846341**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. EMMA WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 WEST 82ND STREET  
 U.S. GOVERNMENT  
 City Inglewood State CA Zip Code 90305-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US GOVERNMENT Occupation MGMT BNSF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 10 / 2015  
**Transaction ID : SA11.15849184**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MRS. EMMA WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 WEST 82ND STREET  
 U.S. GOVERNMENT  
 City Inglewood State CA Zip Code 90305-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US GOVERNMENT Occupation MGMT BNSF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15851092**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MRS. EMMA WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 WEST 82ND STREET  
 U.S. GOVERNMENT  
 City Inglewood State CA Zip Code 90305-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US GOVERNMENT Occupation MGMT BNSF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15854550**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 448 OF 756  
(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MRS. EMMA WILLIAMS**

Mailing Address 2601 WEST 82ND STREET  
U.S. GOVERNMENT

City Inglewood State CA Zip Code 90305-1428

FEC ID number of contributing federal political committee. **C**

Name of Employer US GOVERNMENT Occupation MGMT BNSF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15854552**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. EMMA WILLIAMS**

Mailing Address 2601 WEST 82ND STREET  
U.S. GOVERNMENT

City Inglewood State CA Zip Code 90305-1428

FEC ID number of contributing federal political committee. **C**

Name of Employer US GOVERNMENT Occupation MGMT BNSF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854647**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. EMMA WILLIAMS**

Mailing Address 2601 WEST 82ND STREET  
U.S. GOVERNMENT

City Inglewood State CA Zip Code 90305-1428

FEC ID number of contributing federal political committee. **C**

Name of Employer US GOVERNMENT Occupation MGMT BNSF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854648**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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



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

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

FOR LINE NUMBER: PAGE 449 OF 756  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. EMMA WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 WEST 82ND STREET  
 U.S. GOVERNMENT  
 City Inglewood State CA Zip Code 90305-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US GOVERNMENT Occupation MGMT BNSF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15856107**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MRS. EMMA WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 WEST 82ND STREET  
 U.S. GOVERNMENT  
 City Inglewood State CA Zip Code 90305-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US GOVERNMENT Occupation MGMT BNSF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.15862382**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MRS. EMMA WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 WEST 82ND STREET  
 U.S. GOVERNMENT  
 City Inglewood State CA Zip Code 90305-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US GOVERNMENT Occupation MGMT BNSF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 20 / 2015  
**Transaction ID : SA11.15864504**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 450 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. EMMA WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 WEST 82ND STREET  
 U.S. GOVERNMENT  
 City Inglewood State CA Zip Code 90305-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US GOVERNMENT Occupation MGMT BNSF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : SA11.15864808**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MRS. EMMA WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 WEST 82ND STREET  
 U.S. GOVERNMENT  
 City Inglewood State CA Zip Code 90305-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US GOVERNMENT Occupation MGMT BNSF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.15865449**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MRS. EMMA WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 WEST 82ND STREET  
 U.S. GOVERNMENT  
 City Inglewood State CA Zip Code 90305-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US GOVERNMENT Occupation MGMT BNSF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15870759**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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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 (Last, First, Middle Initial)  
**A. MRS. EMMA WILLIAMS**

Mailing Address **2601 WEST 82ND STREET**  
**U.S. GOVERNMENT**

City **INGLEWOOD** State **CA** Zip Code **90305-1428**

FEC ID number of contributing federal political committee. **C**

Name of Employer **US GOVERNMENT** Occupation **MGMT BNSF**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
**03 / 26 / 2015**  
**Transaction ID : SA11.15872503**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. GERALD R. WILLIAMS JR.**

Mailing Address **859 LESLEY RD.**

City **VILLANOVA** State **PA** Zip Code **19085-1117**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ROTHMAN INSTITUTE** Occupation **PHYSICIAN**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000.00**

Date of Receipt  
**03 / 17 / 2015**  
**Transaction ID : SA11.15854857**

Amount of Each Receipt this Period  
**4000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JACK WILLIAMS**

Mailing Address **3745 AVIEMORE DRIVE**

City **FORT WORTH** State **TX** Zip Code **76109-4858**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EXXON MOBIL** Occupation **EXECUTIVE**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
**03 / 25 / 2015**  
**Transaction ID : SA11.15872585**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **9025.00**

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

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

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

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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JANE WILLIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10411 DEERWOOD CLUB RD  
 City JACKSONVILLE State FL Zip Code 32256-7121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15869508**  
 Amount of Each Receipt this Period  
 120.00  
 CONTRIBUTION

**B. DR. LACY H. WILLIAMS M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 TRAVIS STREET SUITE 1200  
 City SHREVEPORT State LA Zip Code 71101-5504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852990**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**C. MR. ROBERT WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 167 CORTLAND DR  
 City SADDLE RIVER State NJ Zip Code 07458-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DANEBRIDGE CORP EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 585.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15866098**  
 Amount of Each Receipt this Period  
 585.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10705.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. RON C. WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 532  
 City UNALASKA State AK Zip Code 99685-0532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15869662**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MRS. ROSALIE J. WILLIAMSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6450 36TH LN  
 City VERO BEACH State FL Zip Code 32966-7812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15878446**  
 Amount of Each Receipt this Period 175.00  
 CONTRIBUTION

**C. SHELDON C. WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address SUITE 200, 11860 SUNRISE VALLOEY D SUITE 200  
 City RESTON State VA Zip Code 20191-3309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA11.15872539**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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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 (Last, First, Middle Initial)  
**A. SHELDON C. WILLIAMS**

Mailing Address SUITE 200, 11860 SUNRISE VALLOEY D  
SUITE 200

City RESTON State VA Zip Code 20191-3309

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880480**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. HEIDI WILSON**

Mailing Address 777 6TH ST NW  
APT 2

City WASHINGTON State DC Zip Code 20001-3723

FEC ID number of contributing federal political committee. **C**

Name of Employer GPHA Occupation DIRECTOR FEDERAL GOVERNMENT AFFAI

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2015  
**Transaction ID : SA11.15853205**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. LOYCE WILSON**

Mailing Address 732 SEVILLE RD

City DENTON State TX Zip Code 76205-8495

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15870602**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

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

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

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

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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 (Last, First, Middle Initial)  
**A. MR. ROBERT I. WILSON**

Mailing Address P.O. BOX 9275

City State Zip Code  
PEORIA IL 61612-9275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15851420**

Amount of Each Receipt this Period  
225.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WELDON WILSON**

Mailing Address 3930 ALOMAR DR

City State Zip Code  
SHERMAN OAKS CA 91423-4941

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KRAMER WILSON CO INSURANCE BUSINESS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15875979**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DARRELL WISEMAN**

Mailing Address 125 PIEDMONT PL.

City State Zip Code  
DANVILLE VA 24541-4177

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DANVILLE TOYOTA AUTO DEALER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2015  
**Transaction ID : SA11.15839367**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1025.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DARRELL WISEMAN**

Mailing Address 125 PIEDMONT PL.

City State Zip Code  
DANVILLE VA 24541-4177

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DANVILLE TOYOTA AUTO DEALER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15880517**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DIANE WISNER-SCHIFFNER**

Mailing Address 21 BECK ST

City State Zip Code  
HUNTSVILLE AL 35806-5240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15866415**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DIANE WISNER-SCHIFFNER**

Mailing Address 21 BECK ST

City State Zip Code  
HUNTSVILLE AL 35806-5240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15869564**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

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



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

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	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. DEAN WODMAN**

Mailing Address 233 MOCKINGBIRD TRAIL

City PALM BEACH State FL Zip Code 33480-3117

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.15869721**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WALTER B. WOODHAMS SR.**

Mailing Address 887 N HARBOUR POINTE DR

City PERU State IN Zip Code 46970-8694

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation BUSINESS OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15850106**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DARREN WOODS**

Mailing Address 6125 LUTHER LN # 114

City DALLAS State TX Zip Code 75225-6202

FEC ID number of contributing federal political committee. **C**

Name of Employer EXXON MOBIL Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15869811**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5400.00

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. DENIS WORLEY**  
 Mailing Address 4400 ISLAND PL. APT. 203  
 City ANNANDALE State VA Zip Code 22003-4880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.15843523**  
 Amount of Each Receipt this Period  
 105.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DENIS WORLEY**  
 Mailing Address 4400 ISLAND PL. APT. 203  
 City ANNANDALE State VA Zip Code 22003-4880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.15855809**  
 Amount of Each Receipt this Period  
 105.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MEL J. WRIGHT**  
 Mailing Address 5555 GLADYS AVENUE  
 City BEAUMONT State TX Zip Code 77706-4403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WRIGHTS SCRAP METAL Occupation PRES.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15852997**  
 Amount of Each Receipt this Period  
 3000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3210.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 459 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. RICHARD A. WRIGHT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13255 SW 16TH CT APT 107

City PEMBROKE PINES	State FL	Zip Code 33027-6410
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : SA11.15854018**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**B. MR. RAVI YANAMANDALA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5600 BINTLIFF DR.

City HOUSTON	State TX	Zip Code 77036-2102
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer GEOTEST ENGINEERING, INC.	Occupation ENGINEER
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : SA11.15874695**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C. MUBERRA YARADONAKUL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4312 UNIVERSITY BLVD.

City DALLAS	State TX	Zip Code 75205-1637
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer US OLIVE LLC	Occupation PRESIDENT
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

**Transaction ID : SA11.15872619**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 460 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JOHN P. YATES**

Mailing Address **961 BIRDIE RD**

City **GRIFFIN** State **GA** Zip Code **30223-6310**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STATE OF GEORGIA** Occupation **STATE LEGISLATOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**03 / 19 / 2015**  
**Transaction ID : SA11.15863448**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOHN P. YATES**

Mailing Address **961 BIRDIE RD**

City **GRIFFIN** State **GA** Zip Code **30223-6310**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STATE OF GEORGIA** Occupation **STATE LEGISLATOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**03 / 27 / 2015**  
**Transaction ID : SA11.15873965**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. MYRNA YERGEN**

Mailing Address **4 SHETLAND CT.**

City **HIGHLANDS RANCH** State **CO** Zip Code **80130-3904**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**03 / 30 / 2015**  
**Transaction ID : SA11.15874988**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **400.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 461 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. GRANT C. YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23633 CARROLL RD  
 City LANARK State IL Zip Code 61046-8890  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 11 / 2015  
**Transaction ID : SA11.15850744**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MR. GRANT C. YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23633 CARROLL RD  
 City LANARK State IL Zip Code 61046-8890  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : SA11.15873950**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MR. JAMES F. YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 N . CORPORATE DRIVE - SUITE 10  
 City BROOKFIELD State WI Zip Code 53045-5800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15874526**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 462 OF 756
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. JENNIFER B. YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4042 SEMINARY ROAD  
 City ALEXANDRIA State VA Zip Code 22304-1646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TARPLIN, DOWNS & YOUNG, LLC Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15880457**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

**B. MARY YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44 TORTUGA CAY  
 City ALISO VIEJO State CA Zip Code 92656-1354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15874694**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**C. MRS. PATRICIA B. YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1639  
 City SOLANA BEACH State CA Zip Code 92075-7639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.15857098**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 463 OF 756
<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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. RODGER D. YOUNG</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15878373</b>
Mailing Address 219 GUILFORD ROAD SUITE 305		Amount of Each Receipt this Period 1000.00
City BLOOMFIELD HILLS	State MI Zip Code 48304-	<b>CONTRIBUTION</b>
FEC ID number of contributing federal political committee. C	Name of Employer YOUNG & SUSSER, P.C.	Aggregate Year-to-Date 1000.00
Occupation SENIOR PARTNER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MR. VERDELL M. YOUNG</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2015 <b>Transaction ID : SA11.15859750</b>
Mailing Address RR 1 BOX 85		Amount of Each Receipt this Period 500.00
City TRIBUNE	State KS Zip Code 67879-7943	<b>CONTRIBUTION</b>
FEC ID number of contributing federal political committee. C	Name of Employer SELF-EMPLOYED	Aggregate Year-to-Date 500.00
Occupation FARMER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. DR. CESAR YU</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 <b>Transaction ID : SA11.15849189</b>
Mailing Address 14180 NORTH MANHATTAN LANE		Amount of Each Receipt this Period 250.00
City MOUNT VERNON	State IL Zip Code 62864-9710	<b>CONTRIBUTION</b>
FEC ID number of contributing federal political committee. C	Name of Employer SELF-EMPLOYED	Aggregate Year-to-Date 250.00
Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 464 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. EDMUND K. ZAHN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5005 LAGUNA VISTA DR  
 City MELBOURNE State FL Zip Code 32934-7883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA11.15872436**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MR. EDMUND K. ZAHN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5005 LAGUNA VISTA DR  
 City MELBOURNE State FL Zip Code 32934-7883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15878428**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MR. RICHARD W. ZAHN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10040 E HAPPY VALLEY RD  
 UNIT 601  
 City SCOTTSDALE State AZ Zip Code 85255-2347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SCHERING - PLOUGH Occupation PHARMACEUTICAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15850493**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 650.00  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 465 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. WILLIAM ZAPPETTINI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 LUPIN LANE  
 City State Zip Code  
 ATHERTON CA 94027-2134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.15840669**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**B. MR. JOHN C. ZENTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9023 WATCHWOOD DR.  
 City State Zip Code  
 HAUGHTON LA 71037-9372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15864677**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. JOE ZERBEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5831 MONROE STREET  
 City State Zip Code  
 SYLVANIA OH 43560-2253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 THE BLADE PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15859833**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1550.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 466 OF 756
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. ROBERT ZIRKELBACH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015 <b>Transaction ID : SA11.15881270</b>
Mailing Address 1740 R ST. NW APT. 1		Amount of Each Receipt this Period 1000.00
City WASHINGTON	State DC	Zip Code 20009-2410
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer PHRMA	Occupation SENIOR VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. IMAAD ZUBERI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 21 / 2015 <b>Transaction ID : SA11.15864848</b>
Mailing Address 10166 RUSH STREET		Amount of Each Receipt this Period 32400.00
City EL MONTE	State CA	Zip Code 91733-3224
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer AVENUE VENTURES	Occupation PRIVATE EQUITY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 32400.00	

Full Name (Last, First, Middle Initial) <b>C. MS. ELVA J. ZUCCHELLI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2015 <b>Transaction ID : SA11.15870541</b>
Mailing Address 8228 BARTON FARMS BLVD		Amount of Each Receipt this Period 250.00
City SARASOTA	State FL	Zip Code 34240-8211
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer BRIGHT REALTY	Occupation REAL ESTATE AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	33650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 467 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. RICHARD T. ZWIRNER**

Mailing Address 1642 WILINOT ROAD

City State Zip Code  
BANNOCKLOUM IL 60015-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOLLISTER, INC. BOARD MEMBER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878369**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. BARONA BAND OF MISSION INDIANS**

Mailing Address 1095 BARONA ROAD

City State Zip Code  
LAKESIDE CA 92040-1541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854839**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. BRYCE DOWNEY & LENKOV LLC**

Mailing Address 200 N. LASALLE  
SUITE 200

City State Zip Code  
CHICAGO IL 60601-1014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881279**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 16000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 468 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. CHOCTAW NATION OF OKLAHOMA**

Mailing Address P.O. BOX 1210

City State Zip Code  
DURANT OK 74702-1210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
32400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872576**

Amount of Each Receipt this Period  
 32400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CONFEDERATED TRIBES OF GRAND RONDE**

Mailing Address 9615 GRAND RONDE ROAD

City State Zip Code  
GRAND RONDE OR 97347-9712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878349**

Amount of Each Receipt this Period  
 10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DCI GROUP AZ LLC**

Mailing Address 1828 L STREET NW

City State Zip Code  
WASHINGTON DC 20036-5139

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881330**

Amount of Each Receipt this Period  
 8000.00

CONTRIBUTION

SEE ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50400.00

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 469 OF 756
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. MR. BRIAN S. MCCABE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 SHAKER RD  
 City CANTERBURY State NH Zip Code 03224-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DCI GROUP AZ LLC Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2666.67

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15881333**  
 Amount of Each Receipt this Period 2666.67  
 CONTRIBUTION  
**[MEMO ITEM]**  
 PARTNER ATTRIBUTION

**B. MR. JUSTIN M. PETERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4969 HILLBROOK LN NW  
 City WASHINGTON State DC Zip Code 20016-3208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DCI GROUP AZ LLC Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2666.67

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15881332**  
 Amount of Each Receipt this Period 2666.67  
 CONTRIBUTION  
**[MEMO ITEM]**  
 PARTNER ATTRIBUTION

**C. MR. THOMAS J. SYNHORST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2401 W BEHREND DR STE 7  
 City PHOENIX State AZ Zip Code 85027-4143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DCI GROUP AZ LLC Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2666.66

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15881331**  
 Amount of Each Receipt this Period 2666.66  
 CONTRIBUTION  
**[MEMO ITEM]**  
 PARTNER ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 470 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. FOREST COUNTY POTAWATOMI COMMUNITY**

Mailing Address P.O. BOX 340

City State Zip Code  
CRANDON WI 54520-0340

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878342**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MISSISSIPPI BAND OF CHOCTAW INDIANS**

Mailing Address P.O. BOX 6090

City State Zip Code  
CHOCTAW MS 39350-6090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878339**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. PECHANGA BAND OF MISSION INDIANS**

Mailing Address P.O. BOX 1477

City State Zip Code  
TEMECULA CA 92593-1477

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878340**

Amount of Each Receipt this Period  
16700.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 46700.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 471 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. PECHANGA BAND OF MISSION INDIANS**

Mailing Address P.O. BOX 1477

City State Zip Code  
TEMECULA CA 92593-1477

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878344**

Amount of Each Receipt this Period  
16700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. PEPPER HAMILTON LLP**

Mailing Address 3000 TWO LOGAN SQUARE

City State Zip Code  
PHILADELPHIA PA 19103-2799

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15869808**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

SEE ATTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOSEPH V. DEL RASO**

Mailing Address 3000 TWO LOGAN SQUARE

City State Zip Code  
PHILADELPHIA PA 19103-2799

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PEPPER HAMILTON LLP PARTNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15869809**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

**[MEMO ITEM]**  
PARTNER ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 41700.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 472 OF 756
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. SANTA YNEZ BAND OF MISSION INDIANS**

Mailing Address **PO BOX 517**

City **SANTA YNEZ** State **CA** Zip Code **93460-0517**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**10000.00**

Date of Receipt  
**03 / 12 / 2015**

**Transaction ID : SA11.15852999**

Amount of Each Receipt this Period  
**10000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. VIEJAS TRIBAL GOVERNMENT**

Mailing Address **1 VIEJAS GRADE ROAD  
VIEJAS BAND OF THE KUMEYAAY INDIAN**

City **ALPINE** State **CA** Zip Code **91901-1605**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**33400.00**

Date of Receipt  
**03 / 25 / 2015**

**Transaction ID : SA11.15872598**

Amount of Each Receipt this Period  
**33400.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. VOTESANE PAC**

Mailing Address **PO BOX 2713**

City **ALEXANDRIA** State **VA** Zip Code **22301-0713**

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**28500.00**

Date of Receipt  
**03 / 11 / 2015**

**Transaction ID : SA11.15892633**

Amount of Each Receipt this Period  
**3325.00**

CONTRIBUTION

**[MEMO ITEM]  
EARMARKED CONTRIBUTIONS FROM CONDUIT**

**SUBTOTAL** of Receipts This Page (optional)..... **43400.00**

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 473 OF 756  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. GINNY BRANDAU**  
 Mailing Address 2100 RAINCREEK TR.  
 City State Zip Code  
 HUNTSVILLE AL 35811-2602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AVERBUCH REALTY REALTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11.15892636**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION  
 EARMARK: VOTESANE PAC

Full Name (Last, First, Middle Initial)  
**B. MARY BURLESON**  
 Mailing Address 5008 SACHSE RD.  
 City State Zip Code  
 SACHSE TX 75048-3931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 EBBY HALLIDAY, REALTORS REAL ESTATE BROKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11.15892639**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION  
 EARMARK: VOTESANE PAC

Full Name (Last, First, Middle Initial)  
**C. SHIRLEY HICKS**  
 Mailing Address 490 E. TRAILSIDE DRIVE  
 City State Zip Code  
 EAGLE ID 83616-6332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RE/MAX ELITE PROPERTIES REALTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11.15892635**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION  
 EARMARK: VOTESANE PAC

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 474 OF 756  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. TRACY KASPER**  
Mailing Address 3041 S. WHITEPOST WAY  
City State Zip Code  
EAGLE ID 83616-6462  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
SILVERHAWK REALTY REAL ESTATE BROKER  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2015  
**Transaction ID : SA11.15892637**  
Amount of Each Receipt this Period  
500.00  
CONTRIBUTION  
EARMARK: VOTESANE PAC

Full Name (Last, First, Middle Initial)  
**B. LARRY LOUSER**  
Mailing Address 1004 15 1/2 AVE. SW  
City State Zip Code  
MINOT ND 58701-5739  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
PRUDENTIAL MINOT REAL ESTATE REALTOR  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2015  
**Transaction ID : SA11.15892634**  
Amount of Each Receipt this Period  
500.00  
CONTRIBUTION  
EARMARK: VOTESANE PAC

Full Name (Last, First, Middle Initial)  
**C. SCOTT MATTHIAS**  
Mailing Address 199 INVERNESS DR W  
City State Zip Code  
ENGLEWOOD CO 80112-5201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RE/MAX PROFESSIONALS REALTOR  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2015  
**Transaction ID : SA11.15892638**  
Amount of Each Receipt this Period  
500.00  
CONTRIBUTION  
EARMARK: VOTESANE PAC

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE 475 OF 756
(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. GARY REGGISH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33052 MIDDLEBORO ST.  
 City LIVONIA State MI Zip Code 48154-4178  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer REMERICA UNITED REALTY Occupation REALTOR  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11.15892640**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION  
 EARMARK: VOTESANE PAC

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3795340.80

**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)	PAGE 476 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. ADRIAN SMITH FOR CONGRESS COMMITTEE**

Mailing Address 3321 AVENUE I  
SUITE 6

City State Zip Code  
SCOTTSBLUFF NE 69361-4587

FEC ID number of contributing federal political committee. **C** C00412890

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA11.15878410**

Amount of Each Receipt this Period  
15000.00

TRANSFER

Full Name (Last, First, Middle Initial)  
**B. BISHOP FOR CONGRESS**

Mailing Address P.O. BOX 1776

City State Zip Code  
BRIGHAM CITY UT 84302-1776

FEC ID number of contributing federal political committee. **C** C00374231

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : SA11.15869788**

Amount of Each Receipt this Period  
15000.00

TRANSFER

Full Name (Last, First, Middle Initial)  
**C. BUCSHON FOR CONGRESS**

Mailing Address PO BOX 250

City State Zip Code  
NEWBURGH IN 47629-0250

FEC ID number of contributing federal political committee. **C** C00468256

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6000.00

Date of Receipt  
03 / 25 / 2015  
**Transaction ID : SA11.15872652**

Amount of Each Receipt this Period  
6000.00

TRANSFER

<b>SUBTOTAL</b> of Receipts This Page (optional).....	36000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 477 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. CHARLIE DENT FOR CONGRESS**

Mailing Address P.O. BOX 442

City ALLENTOWN State PA Zip Code 18105-0442

FEC ID number of contributing federal political committee. **C** C00386847

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
55000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.15859846**

Amount of Each Receipt this Period  
 55000.00

TRANSFER

Full Name (Last, First, Middle Initial)  
**B. DANIEL WEBSTER FOR CONGRESS**

Mailing Address 3400 OLD WINTER GARDEN ROAD

City ORLANDO State FL Zip Code 32805-1134

FEC ID number of contributing federal political committee. **C** C00481911

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878414**

Amount of Each Receipt this Period  
 5000.00

TRANSFER

Full Name (Last, First, Middle Initial)  
**C. FRIENDS OF JASON CHAFFETZ**

Mailing Address 315 WESTFIELD CIRCLE

City ALPINE State UT Zip Code 84004-1594

FEC ID number of contributing federal political committee. **C** C00431684

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.15859847**

Amount of Each Receipt this Period  
 15000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75000.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 478 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. FRIENDS OF JOHN BOEHNER**

Mailing Address 7908 CINCINNATI DAYTON ROAD  
SUITE I-2

City WEST CHESTER State OH Zip Code 45069-6629

FEC ID number of contributing federal political committee. **C** C00237198

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750000.00

Date of Receipt  
03 / 19 / 2015  
**Transaction ID : SA11.15864887**

Amount of Each Receipt this Period  
750000.00

TRANSFER

Full Name (Last, First, Middle Initial)  
**B. FRIENDS OF SUSAN BROOKS**

Mailing Address 4874 WINDRIFT WAY

City CARMEL State IN Zip Code 46033-9507

FEC ID number of contributing federal political committee. **C** C00500207

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
52500.00

Date of Receipt  
03 / 25 / 2015  
**Transaction ID : SA11.15872653**

Amount of Each Receipt this Period  
52500.00

TRANSFER

Full Name (Last, First, Middle Initial)  
**C. GRAVES FOR CONGRESS**

Mailing Address 2345 GRAND BLVD.  
SUITE 2400

City KANSAS CITY State MO Zip Code 64108-2642

FEC ID number of contributing federal political committee. **C** C00359034

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
03 / 26 / 2015  
**Transaction ID : SA11.15878337**

Amount of Each Receipt this Period  
50000.00

TRANSFER

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	852500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 479 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. GREGG HARPER FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 54344

City PEARL	State MS	Zip Code 39288-4344
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00441295

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
46400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : SA11.15881278**

Amount of Each Receipt this Period  

46400.00
----------

**TRANSFER**

**B. GUTHRIE FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 9639

City BOWLING GREEN	State KY	Zip Code 42102-9639
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00445023

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : SA11.15878338**

Amount of Each Receipt this Period  

5000.00
---------

**TRANSFER**

**C. HOOSIERS FOR ROKITA, INC.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7354 E. US HWY. 36

City AVON	State IN	Zip Code 46123-7776
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00476192

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
41000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : SA11.15882817**

Amount of Each Receipt this Period  

41000.00
----------

**TRANSFER**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	92400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 480 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. HUDSON FOR CONGRESS</b>		Date of Receipt
Mailing Address PO BOX 5053		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
CONCORD	NC	28027-1500
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11.15878413</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="45400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TRANSFER
Aggregate Year-to-Date ▼		<input type="text" value="45400.00"/>

Full Name (Last, First, Middle Initial) <b>B. HUIZENGA FOR CONGRESS</b>		Date of Receipt
Mailing Address 441 WILLAIMS COURT		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
ZEELAND	MI	49464-1509
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11.15878411</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="10000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TRANSFER
Aggregate Year-to-Date ▼		<input type="text" value="10000.00"/>

Full Name (Last, First, Middle Initial) <b>C. JEFF FORTENBERRY FOR UNITED STATES CONGRESS</b>		Date of Receipt
Mailing Address P.O. BOX 30265		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
LINCOLN	NE	68503-0265
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11.15872651</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="3500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TRANSFER
Aggregate Year-to-Date ▼		<input type="text" value="3500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="58900.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 481 OF 756  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JEFF MILLER FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 610 S. BOULEVARD  
 City TAMPA State FL Zip Code 33606-2693  
 FEC ID number of contributing federal political committee. **C** C00366757  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 65000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15869789**  
 Amount of Each Receipt this Period  
 40000.00  
 TRANSFER

**B. KAY GRANGER CAMPAIGN FUND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1701 RIVER RUN  
 STE 1010  
 City FORT WORTH State TX Zip Code 76107-6556  
 FEC ID number of contributing federal political committee. **C** C00310532  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 63000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878350**  
 Amount of Each Receipt this Period  
 63000.00  
 TRANSFER

**C. LUCAS FOR CONGRESS COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1726  
 City OKLAHOMA CITY State OK Zip Code 73101-1726  
 FEC ID number of contributing federal political committee. **C** C00287912  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 87500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872650**  
 Amount of Each Receipt this Period  
 2500.00  
 TRANSFER

**SUBTOTAL** of Receipts This Page (optional).....▶ 105500.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 482 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. LUKE MESSER FOR CONGRESS**

Mailing Address 345 WEST BROADWAY STREET

City State Zip Code  
SHELBYVILLE IN 46176-1001

FEC ID number of contributing federal political committee. **C** C00460667

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
65971.43

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2015  
**Transaction ID : SA11.15878415**

Amount of Each Receipt this Period  
65971.43

TRANSFER

Full Name (Last, First, Middle Initial)  
**B. MCCAUL FOR CONGRESS INC.**

Mailing Address 5127 NEBRASKA AVENUE NW

City State Zip Code  
WASHINGTON DC 20008-2048

FEC ID number of contributing federal political committee. **C** C00392688

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2015  
**Transaction ID : SA11.15859848**

Amount of Each Receipt this Period  
15000.00

TRANSFER

Full Name (Last, First, Middle Initial)  
**C. MORGAN GRIFFITH FOR CONGRESS**

Mailing Address PO BOX 71596

City State Zip Code  
RICHMOND VA 23255-1596

FEC ID number of contributing federal political committee. **C** C00477240

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
43000.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2015  
**Transaction ID : SA11.15849311**

Amount of Each Receipt this Period  
40000.00

TRANSFER

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120971.43
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 483 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MORGAN GRIFFITH FOR CONGRESS</b>		Date of Receipt
Mailing Address PO BOX 71596		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
RICHMOND	VA	23255-1596
FEC ID number of contributing federal political committee.	<input type="text" value="C00477240"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="43000.00"/>	
		Transaction ID : SA11.15878351
		Amount of Each Receipt this Period
		<input type="text" value="3000.00"/>
		TRANSFER

Full Name (Last, First, Middle Initial) <b>B. PATRIOTS FOR PERRY</b>		Date of Receipt
Mailing Address PO BOX 147		<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
RED LION	PA	17356-0147
FEC ID number of contributing federal political committee.	<input type="text" value="C00510164"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="65000.00"/>	
		Transaction ID : SA11.15846223
		Amount of Each Receipt this Period
		<input type="text" value="50000.00"/>
		TRANSFER

Full Name (Last, First, Middle Initial) <b>C. PATRIOTS FOR PERRY</b>		Date of Receipt
Mailing Address PO BOX 147		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code
RED LION	PA	17356-0147
FEC ID number of contributing federal political committee.	<input type="text" value="C00510164"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="65000.00"/>	
		Transaction ID : SA11.15869790
		Amount of Each Receipt this Period
		<input type="text" value="15000.00"/>
		TRANSFER

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="68000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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)	PAGE 484 OF 756
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. RANDY HULTGREN FOR CONGRESS**

Mailing Address P.O. BOX 717

City ST. CHARLES State IL Zip Code 60174-0717

FEC ID number of contributing federal political committee. **C** C00467522

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 70000.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.15872655**

Amount of Each Receipt this Period 70000.00

TRANSFER

Full Name (Last, First, Middle Initial)  
**B. ROGERS FOR CONGRESS**

Mailing Address 123 E. 13TH STREET  
P.O. BOX 1113

City ANNISTON State AL Zip Code 36201-4630

FEC ID number of contributing federal political committee. **C** C00367862

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 47500.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15881312**

Amount of Each Receipt this Period 47500.00

TRANSFER

Full Name (Last, First, Middle Initial)  
**C. STEVE CHABOT FOR CONGRESS**

Mailing Address 3030 HARRISON AVENUE

City CINCINNATI State OH Zip Code 45211-5758

FEC ID number of contributing federal political committee. **C** C00301838

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15100.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11.15878365**

Amount of Each Receipt this Period 15100.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 132600.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 485 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. TEXANS FOR LAMAR SMITH</b>		Date of Receipt
Mailing Address P.O. BOX 6155		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
SAN ANTONIO	TX	78209-0155
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00197160"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="59000.00"/>	
		Transaction ID : <b>SA11.15851153</b>
		Amount of Each Receipt this Period
		<input type="text" value="59000.00"/>
		TRANSFER

Full Name (Last, First, Middle Initial) <b>B. TOM RICE FOR CONGRESS</b>		Date of Receipt
Mailing Address 950 48TH AVENUE NORTH SUITE 200		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
MYRTLE BEACH	SC	29577-5434
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00506048"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="42500.00"/>	
		Transaction ID : <b>SA11.15878412</b>
		Amount of Each Receipt this Period
		<input type="text" value="42500.00"/>
		TRANSFER

Full Name (Last, First, Middle Initial) <b>C. TREY GOWDY FOR CONGRESS</b>		Date of Receipt
Mailing Address 2212 EDGEFIELD ROAD		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
SPARTANBURG	SC	29302-3423
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00462523"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="65000.00"/>	
		Transaction ID : <b>SA11.15846231</b>
		Amount of Each Receipt this Period
		<input type="text" value="65000.00"/>
		TRANSFER

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="166500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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)	PAGE 486 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. TROTT FOR CONGRESS, INC.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2844 LIVERNOIS  
 P.O. BOX 217  
 City TROY State MI Zip Code 48099-7700  
 FEC ID number of contributing federal political committee. **C** C00548941  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 9500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878416**  
 Amount of Each Receipt this Period  
 9500.00  
 TRANSFER

**B. VOLUNTEERS FOR SHIMKUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 661  
 City COLLINSVILLE State IL Zip Code 62234-0661  
 FEC ID number of contributing federal political committee. **C** C00258855  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 95000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.15859845**  
 Amount of Each Receipt this Period  
 95000.00  
 TRANSFER

**C. WESTMORELAND FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 458  
 City SHARPSBURG State GA Zip Code 30277-0458  
 FEC ID number of contributing federal political committee. **C** C00387126  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 29600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872654**  
 Amount of Each Receipt this Period  
 29600.00  
 TRANSFER

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 487 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. 3M COMPANY PAC</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 <b>Transaction ID : SA11.15849316</b>
Mailing Address 1425 K STREET, NW SUITE 300		Amount of Each Receipt this Period 15000.00
City WASHINGTON State DC Zip Code 20005-3565	FEC ID number of contributing federal political committee. <b>C</b> C00084475	<b>CONTRIBUTION</b>
Name of Employer Occupation	Aggregate Year-to-Date ▼ 15000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. AARON'S, INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15881304</b>
Mailing Address 309 EAST PACES FERRY RD NE		Amount of Each Receipt this Period 1000.00
City ATLANTA State GA Zip Code 30305-2367	FEC ID number of contributing federal political committee. <b>C</b> C00459933	<b>CONTRIBUTION</b>
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ABBVIE POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : SA11.15864895</b>
Mailing Address 1399 NEW YORK AVENUE NW SUITE 200		Amount of Each Receipt this Period 5000.00
City WASHINGTON State DC Zip Code 20005-4732	FEC ID number of contributing federal political committee. <b>C</b> C00536573	<b>CONTRIBUTION</b>
Name of Employer Occupation	Aggregate Year-to-Date ▼ 15000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	21000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 488 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. ABBVIE POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : SA11.15864896</b>
Mailing Address 1399 NEW YORK AVENUE NW SUITE 200		Amount of Each Receipt this Period 5000.00
City WASHINGTON State DC Zip Code 20005-4732	FEC ID number of contributing federal political committee. <b>C</b> C00536573	<b>CONTRIBUTION</b>
Name of Employer Occupation	Aggregate Year-to-Date ▼ 15000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ABBVIE POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 03 / 26 / 2015 <b>Transaction ID : SA11.15878333</b>
Mailing Address 1399 NEW YORK AVENUE NW SUITE 200		Amount of Each Receipt this Period 5000.00
City WASHINGTON State DC Zip Code 20005-4732	FEC ID number of contributing federal political committee. <b>C</b> C00536573	<b>CONTRIBUTION</b>
Name of Employer Occupation	Aggregate Year-to-Date ▼ 15000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ADVANCE THE MAJORITY PAC</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2015 <b>Transaction ID : SA11.15869793</b>
Mailing Address PO BOX 1029		Amount of Each Receipt this Period 10000.00
City PENSACOLA State FL Zip Code 32591-1029	FEC ID number of contributing federal political committee. <b>C</b> C00368571	<b>CONTRIBUTION</b>
Name of Employer Occupation	Aggregate Year-to-Date ▼ 10000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 489 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. ALLIANT ENERGY CORPORATION PAC</b>		Date of Receipt
Mailing Address 801 PENNSYLVANIA AVENUE, NW SUITE 640		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20004-2693
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00132092"/>	<b>Transaction ID : SA11.15864893</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. ALZHEIMERS IMPACT MOVEMENT PAC</b>		Date of Receipt
Mailing Address 225 NORTH MICHIGAN AVENUE SUITE 1700		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
CHICAGO	IL	60601-7652
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00486928"/>	<b>Transaction ID : SA11.15881301</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="15000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="15000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS PAC</b>		Date of Receipt
Mailing Address 725 15TH STREET, NW SUITE 500		<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20005-2152
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00413955"/>	<b>Transaction ID : SA11.15846221</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="15000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="15000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="32500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

**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)	PAGE 490 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN ACADEMY OF OPHTHALMOLOGY PAC</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : SA11.15854865</b>
Mailing Address 655 BEACH STREET		Amount of Each Receipt this Period 15000.00
City SAN FRANCISCO	State CA	Zip Code 94109-1342
FEC ID number of contributing federal political committee. C C00196246	CONTRIBUTION	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY PAC</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : SA11.15854868</b>
Mailing Address 316 PENNSYLVANIA AVENUE, SE SUITE 501		Amount of Each Receipt this Period 15000.00
City WASHINGTON	State DC	Zip Code 20003-1169
FEC ID number of contributing federal political committee. C C00306449	CONTRIBUTION	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES INC. PAC</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 <b>Transaction ID : SA11.15872643</b>
Mailing Address 1101 17TH STREET, NW SUITE 600		Amount of Each Receipt this Period 5000.00
City WASHINGTON	State DC	Zip Code 20036-4718
FEC ID number of contributing federal political committee. C C00107300	CONTRIBUTION	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 491 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL AC**

Mailing Address 401 N LINDBERGH BLVD

City State Zip Code  
CREVE COEUR MO 63141-7839

FEC ID number of contributing federal political committee. **C C00293910**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015  
**Transaction ID : SA11.15878409**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. AMERICAN COLLEGE OF CARDIOLOGY PAC**

Mailing Address 2400 N. STREET, NW

City State Zip Code  
WASHINGTON DC 20037-1153

FEC ID number of contributing federal political committee. **C C00375360**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2015  
**Transaction ID : SA11.15872638**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. AMERICAN EXPRESS PAC**

Mailing Address 801 PENNSYLVANIA AVENUE, NW  
SUITE 650

City State Zip Code  
WASHINGTON DC 20004-2673

FEC ID number of contributing federal political committee. **C C00040535**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2015  
**Transaction ID : SA11.15864894**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45000.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 492 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN GAS ASSOCIATION PAC</b>		Date of Receipt
Mailing Address 400 N. CAPITOL STREET NW		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City State Zip Code WASHINGTON DC 20001-1511		<b>Transaction ID : SA11.15864888</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00007450"/>		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer	Occupation	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN GASTROENTEROLOGICAL ASSOCIATION INC. PAC</b>		Date of Receipt
Mailing Address 4926 DEL RAY AVENUE		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code BETHESDA MD 20814-2512		<b>Transaction ID : SA11.15872640</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00423228"/>		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer	Occupation	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION PAC</b>		Date of Receipt
Mailing Address 444 NORTH CAPITOL STREET, NW SUITE 715		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City State Zip Code WASHINGTON DC 20001-1509		<b>Transaction ID : SA11.15881293</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00210666"/>		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer	Occupation	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="15000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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)	PAGE 493 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. AMERICANS FOR REPUBLICAN LEADERSHIP PAC**

Mailing Address **PO BOX 225**

City **COLONIA** State **NJ** Zip Code **07067-0225**

FEC ID number of contributing federal political committee. **C C00383422**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**10000.00**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : SA11.15881326**

Amount of Each Receipt this Period  
**10000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ANHEUSER-BUSCH PAC**

Mailing Address **1401 I. STREET, NW  
SUITE 200**

City **WASHINGTON** State **DC** Zip Code **20005-6549**

FEC ID number of contributing federal political committee. **C C00034488**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**15000.00**

Date of Receipt  
**03 / 25 / 2015**

**Transaction ID : SA11.15872637**

Amount of Each Receipt this Period  
**15000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ARCH COAL PAC (ARCHPAC)**

Mailing Address **ONE CITY PLACE DRIVE**

City **SAINT LOUIS** State **MO** Zip Code **63141-7014**

FEC ID number of contributing federal political committee. **C C00167668**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**15000.00**

Date of Receipt  
**03 / 10 / 2015**

**Transaction ID : SA11.15850541**

Amount of Each Receipt this Period  
**15000.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>40000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 494 OF 756
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" 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	

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. ASPLUNDH TREE EXPERT CO PAC**

Mailing Address 708 BLAIR MILL RD

City State Zip Code  
WILLOW GROVE PA 19090-1701

FEC ID number of contributing federal political committee. **C** C00177741

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA11.15878402**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ASSOCIATED BUILDERS AND CONTRACTORS PAC**

Mailing Address 440 FIRST STREET NW  
SUITE 200

City State Zip Code  
WASHINGTON DC 20001-2028

FEC ID number of contributing federal political committee. **C** C00010421

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  
03 / 25 / 2015  
**Transaction ID : SA11.15872631**

Amount of Each Receipt this Period  
7500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ASTRAZENECA PHARMACEUTICALS PAC**

Mailing Address 701 PENNSYLVANIA AVENUE NW  
SUITE 500

City State Zip Code  
WASHINGTON DC 20004-2624

FEC ID number of contributing federal political committee. **C** C70003181

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA11.15881288**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 27500.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 495 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T INC. FEDERAL PAC</b>		Date of Receipt
Mailing Address 1133 21ST STREET, NW, SUITE 900		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City State Zip Code WASHINGTON DC 20036-3333		<b>Transaction ID : SA11.15854748</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00109017"/>		Amount of Each Receipt this Period <input type="text" value="15000.00"/>
Name of Employer Occupation		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="15000.00"/>

Full Name (Last, First, Middle Initial) <b>B. BARRICK GOLD OF NORTH AMERICA INC EMPLOYEES POLITICAL ACTION</b>		Date of Receipt
Mailing Address 136 EAST SOUTH TEMPLE SUITE 1800		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City State Zip Code SALT LAKE CITY UT 84111-1180		<b>Transaction ID : SA11.15881303</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00320580"/>		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer Occupation		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>C. BAXTER HEALTHCARE PAC</b>		Date of Receipt
Mailing Address 1501 K STREET, NW SUITE 375		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code WASHINGTON DC 20005-1416		<b>Transaction ID : SA11.15872644</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00117838"/>		Amount of Each Receipt this Period <input type="text" value="10000.00"/>
Name of Employer Occupation		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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)	PAGE 496 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. BLOOMIN' BRANDS, INC. PAC</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : SA11.15854877</b>
Mailing Address 2202 NORTH WEST SHORE BOULEVARD 5TH FLOOR		Amount of Each Receipt this Period 15000.00
City TAMPA State FL Zip Code 33607-5747	FEC ID number of contributing federal political committee. <b>C</b> C00253153	<b>CONTRIBUTION</b>
Name of Employer Occupation	Aggregate Year-to-Date 15000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. BLUE CROSS &amp; BLUE SHIELD OF MICHIGAN PAC</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15878396</b>
Mailing Address 1310 G. STREET, NW B102		Amount of Each Receipt this Period 2500.00
City WASHINGTON State DC Zip Code 20005-3000	FEC ID number of contributing federal political committee. <b>C</b> C00084061	<b>CONTRIBUTION</b>
Name of Employer Occupation	Aggregate Year-to-Date 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. BROOKE HOLDINGS INC. AND JACKSON NATIONAL LIFE INSURANCE CO.</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15881324</b>
Mailing Address 1 CORPORATE WAY		Amount of Each Receipt this Period 10000.00
City LANSING State MI Zip Code 48951-1001	FEC ID number of contributing federal political committee. <b>C</b> C00254953	<b>CONTRIBUTION</b>
Name of Employer Occupation	Aggregate Year-to-Date 10000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	27500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 497 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. BUDGETHAWKS.COM PAC</b>		Date of Receipt
Mailing Address 150 S. 300 E. APT. 405		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
SALT LAKE CITY	UT	84111-2087
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00491183"/>	<b>Transaction ID : SA11.15850545</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="15000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="30000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. BUILDING OUR BASE- BOB PAC</b>		Date of Receipt
Mailing Address 228 SOUTH WASHINGTON STREET, SUITE		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
ALEXANDRIA	VA	22314-5404
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00510248"/>	<b>Transaction ID : SA11.15852988</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="10000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="10000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. BURLINGTON NORTHERN SANTA FE RAILPAC (BNSF)</b>		Date of Receipt
Mailing Address 1001 G STREET NW		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20001-4545
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00235739"/>	<b>Transaction ID : SA11.15852987</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="12500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="12500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="37500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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)	PAGE 498 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. BYRNE PAC**

Mailing Address **PO BOX 3723**

City **MONTGOMERY** State **AL** Zip Code **36109-0723**

FEC ID number of contributing federal political committee. **C C00559633**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
**03 / 30 / 2015**  
**Transaction ID : SA11.15878352**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CALIFORNIA DAIRIES FEDERAL PAC**

Mailing Address **1401 EYE STREET, NW, 7TH FLOOR**

City **WASHINGTON** State **DC** Zip Code **20005-2225**

FEC ID number of contributing federal political committee. **C C00349746**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **15000.00**

Date of Receipt  
**03 / 13 / 2015**  
**Transaction ID : SA11.15854747**

Amount of Each Receipt this Period  
**15000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. CATERPILLAR, INC. EMPLOYEE PAC**

Mailing Address **1425 K STREET NW, SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20005-3685**

FEC ID number of contributing federal political committee. **C C00148031**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **15000.00**

Date of Receipt  
**03 / 30 / 2015**  
**Transaction ID : SA11.15878357**

Amount of Each Receipt this Period  
**15000.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>35000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 499 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. CENTURYLINK PAC</b>		Date of Receipt
Mailing Address 607 14TH ST NW SUITE 950		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20005-2030
FEC ID number of contributing federal political committee.	<input type="text" value="C000419911"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="15000.00"/>	
		Transaction ID : SA11.15854750
		Amount of Each Receipt this Period
		<input type="text" value="15000.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. CHESAPEAKE ENERGY CORPORATION FED. PAC</b>		Date of Receipt
Mailing Address 2470 DANIELLS BRIDGE ROAD SUITE 121		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
ATHENS	GA	30606-6191
FEC ID number of contributing federal political committee.	<input type="text" value="C000389288"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="15000.00"/>	
		Transaction ID : SA11.15872639
		Amount of Each Receipt this Period
		<input type="text" value="15000.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. CIGNA CORPORATION PAC</b>		Date of Receipt
Mailing Address 601 PENNSYLVANIA AVENUE NW S. BLDG. STE. 500		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20004-2601
FEC ID number of contributing federal political committee.	<input type="text" value="C000085316"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="15000.00"/>	
		Transaction ID : SA11.15853003
		Amount of Each Receipt this Period
		<input type="text" value="15000.00"/>
		CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="45000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 500 OF 756  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. CINTAS CORPORATION PARTNERS PAC**

Mailing Address **6800 CINTAS BOULEVARD**

City State Zip Code  
**MASON OH 45040-9151**

FEC ID number of contributing federal political committee. **C C00449165**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**03 / 09 / 2015**

**Transaction ID : SA11.15849314**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CLEAR CHANNEL COMMUNICATIONS INC. PAC**

Mailing Address **701 8TH STREET NW, SUITE 350**

City State Zip Code  
**WASHINGTON DC 20001-3878**

FEC ID number of contributing federal political committee. **C C00279216**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**7500.00**

Date of Receipt  
**03 / 30 / 2015**

**Transaction ID : SA11.15878358**

Amount of Each Receipt this Period  
**7500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. CLIFFS NATURAL RESOURCES INC. PAC**

Mailing Address **1100 SUPERIOR AVENUE**

City State Zip Code  
**CLEVELAND OH 44114-2530**

FEC ID number of contributing federal political committee. **C C00039016**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  
**03 / 25 / 2015**

**Transaction ID : SA11.15872641**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **15000.00**

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 501 OF 756  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. CME GROUP, INC. PAC**

Mailing Address 1401 EYE STREET, NW

City WASHINGTON State DC Zip Code 20005-2204

FEC ID number of contributing federal political committee. **C C00076299**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872636**

Amount of Each Receipt this Period  
 15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CMS ENERGY CORP. EMPLOYEES FOR BETTER GOVERNMENT - FED**

Mailing Address 1730 RHODE ISLAND AVENUE, NW  
10TH FLOOR

City WASHINGTON State DC Zip Code 20036-3101

FEC ID number of contributing federal political committee. **C C00075473**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872634**

Amount of Each Receipt this Period  
 10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. COALPAC, NATIONAL MINING ASSOCIATION PAC**

Mailing Address 101 CONSTITUTION AVENUE, NW  
SUITE 500 EAST

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00109819**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854875**

Amount of Each Receipt this Period  
 10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 35000.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 502 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. COLLEGE OF AMERICAN PATHOLOGISTS PAC (PATHPAC)</b>		Date of Receipt
Mailing Address 1350 I STREET, NW, SUITE 590		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City State Zip Code WASHINGTON DC 20005-3305		<b>Transaction ID : SA11.15881323</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00274944"/>		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer	Occupation	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. COMMITTEE FOR ADVANCEMENT OF COTTON</b>		Date of Receipt
Mailing Address 1521 NEW HAMPSHIRE, NW		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code WASHINGTON DC 20036-1203		<b>Transaction ID : SA11.15872629</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00023028"/>		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer	Occupation	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. CONCERNED AMERICANS FOR FREEDOM &amp; OPPORTUNITY PAC</b>		Date of Receipt
Mailing Address 228 SOUTH WASHINGTON STREET SUITE 115		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code ALEXANDRIA VA 22314-5404		<b>Transaction ID : SA11.15872649</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00481176"/>		Amount of Each Receipt this Period <input type="text" value="15000.00"/>
Name of Employer	Occupation	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="15000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="22500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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)	PAGE 503 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. CONTINENTAL RESOURCES INC. PAC**

Mailing Address **20 N. BROADWAY AVENUE**

City **OKLAHOMA CITY** State **OK** Zip Code **73102-8202**

FEC ID number of contributing federal political committee. **C C00551184**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**15000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

**Transaction ID : SA11.15872646**

Amount of Each Receipt this Period  

15000.00
----------

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. COOL PAC**

Mailing Address **610 S. BOULEVARD**

City **TAMPA** State **FL** Zip Code **33606-2693**

FEC ID number of contributing federal political committee. **C C00525592**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**25000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : SA11.15878408**

Amount of Each Receipt this Period  

5000.00
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**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. CRUISE LINES INTERNATIONAL ASSOCIATION PAC**

Mailing Address **2111 WILSON BLVD.  
8TH FLOOR**

City **ARLINGTON** State **VA** Zip Code **22201-3001**

FEC ID number of contributing federal political committee. **C C00432393**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

**Transaction ID : SA11.15872630**

Amount of Each Receipt this Period  

5000.00
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**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>25000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 504 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. CVS/CAREMARK CORPORATION EMPLOYEES PAC</b>		Date of Receipt
Mailing Address 1300 I STREET, NW SUITE 525 WEST		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20005-3336
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00384818"/>	<b>Transaction ID : SA11.15878400</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="15000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="15000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. DEAN FOODS COMPANY PAC</b>		Date of Receipt
Mailing Address 2111 WILSON BOULEVARD, SUITE 700 34TH FLOOR		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
ARLINGTON	VA	22201-3052
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00340083"/>	<b>Transaction ID : SA11.15878359</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. DENT PAC</b>		Date of Receipt
Mailing Address 610 S. BOULEVARD		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
TAMPA	FL	33606-2693
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00427930"/>	<b>Transaction ID : SA11.15878407</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="15000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="15000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="32500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



**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)	PAGE 505 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. DIANE PAC</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 <b>Transaction ID : SA11.15872647</b>
Mailing Address PO BOX 1437		Amount of Each Receipt this Period 5000.00
City GALLATIN	State TN	Zip Code 37066-1437
FEC ID number of contributing federal political committee. C C00499996		CONTRIBUTION
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. DICKSTEIN SHAPIRO LLP PAC</b>		Date of Receipt MM / DD / YYYY 03 / 05 / 2015 <b>Transaction ID : SA11.15846220</b>
Mailing Address 1825 EYE STREET, NW		Amount of Each Receipt this Period 15000.00
City WASHINGTON	State DC	Zip Code 20006-
FEC ID number of contributing federal political committee. C C00110197		CONTRIBUTION
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

Full Name (Last, First, Middle Initial) <b>C. DOMINION PAC</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : SA11.15854749</b>
Mailing Address 444 N. CAPITOL STREET NW SUITE 729		Amount of Each Receipt this Period 15000.00
City WASHINGTON	State DC	Zip Code 20001-1580
FEC ID number of contributing federal political committee. C C00108209		CONTRIBUTION
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 506 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DYKEMA GOSSETT FEDERAL PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 I. ST. NW  
 SUITE 300 WEST  
 City WASHINGTON State DC Zip Code 20005-3314  
 FEC ID number of contributing federal political committee. **C** C00342113  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15850542**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. ECHOSTAR CORPORATION AND DISH NETWORK CORPORATION PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1233 20TH STREET, NW - SUITE 302  
 City WASHINGTON State DC Zip Code 20036-2482  
 FEC ID number of contributing federal political committee. **C** C00330647  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872648**  
 Amount of Each Receipt this Period  
 15000.00  
 CONTRIBUTION

**C. ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1125 SEVENTEETH STREET, NW  
 City WASHINGTON State DC Zip Code 20036-  
 FEC ID number of contributing federal political committee. **C** C00029504  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15878335**  
 Amount of Each Receipt this Period  
 15000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 507 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. ENTERGY (ENPAC)</b>		Date of Receipt
Mailing Address 101 CONSTITUTION AVENUE, NW SUITE 200 EAST		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20001-2133
FEC ID number of contributing federal political committee.	<input type="text" value="C00363879"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	
		Transaction ID : SA11.15881285
		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. FAA MANAGERS ASSOCIATION INC. PAC</b>		Date of Receipt
Mailing Address 888 16TH STREET NW SUITE 530		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20006-4110
FEC ID number of contributing federal political committee.	<input type="text" value="C00366070"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>	
		Transaction ID : SA11.15854866
		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. FAA MANAGERS ASSOCIATION INC. PAC</b>		Date of Receipt
Mailing Address 888 16TH STREET NW SUITE 530		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20006-4110
FEC ID number of contributing federal political committee.	<input type="text" value="C00366070"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>	
		Transaction ID : SA11.15854867
		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
		CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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)	PAGE 508 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. FEDERAL WILDLAND FIRE SERVICE ASSOCIATION**

Mailing Address P.O. BOX 517

City INKOM	State ID	Zip Code 83245-0517
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00397752

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 25 / 2015  
**Transaction ID : SA11.15872642**

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. FEDEX CORPORATION PAC**

Mailing Address 101 CONSTITUTION AVENUE NW #801E

City WASHINGTON	State DC	Zip Code 20001-2133
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : SA11.15881280**

Amount of Each Receipt this Period: 5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. FEDEX CORPORATION PAC**

Mailing Address 101 CONSTITUTION AVENUE NW #801E

City WASHINGTON	State DC	Zip Code 20001-2133
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : SA11.15881281**

Amount of Each Receipt this Period: 5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 509 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. FEDEX CORPORATION PAC**

Mailing Address 101 CONSTITUTION AVENUE NW #801E

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00068692**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881282**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. FIGHTIN' NINTH PAC**

Mailing Address PO BOX 71596

City HENRICO State VA Zip Code 23255-1596

FEC ID number of contributing federal political committee. **C C00520841**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15849318**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. FLORIDA EAST COAST RAILWAY LLC PAC**

Mailing Address 7411 FULERTON STREET  
SUITE 100

City JACKSONVILLE State FL Zip Code 32256-3628

FEC ID number of contributing federal political committee. **C C00529966**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.15878334**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 510 OF 756  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. FMR LLC POLITICAL ACTION COMMITTEE - FEDERAL (FIDE)**

Mailing Address 245 SUMMER STREET

City State Zip Code  
BOSTON MA 02210-1133

FEC ID number of contributing federal political committee. **C C00380550**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881302**

Amount of Each Receipt this Period  
 15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. GENERAL DYNAMICS CORPORATION PAC**

Mailing Address 3190 FAIRVIEW PARK DRIVE

City State Zip Code  
FALLS CHURCH VA 22042-4530

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15869801**

Amount of Each Receipt this Period  
 15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. GENESIS HEALTHCARE CORP PAC**

Mailing Address 101 EAST STATE STREET

City State Zip Code  
KENNETT SQUARE PA 19348-3109

FEC ID number of contributing federal political committee. **C C00292094**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15850540**

Amount of Each Receipt this Period  
 15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45000.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 511 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. GREGGPAC</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15881287</b>
Mailing Address 120 N. CONGRESS STREET SUITE 300		Amount of Each Receipt this Period 5000.00
City JACKSON State MS Zip Code 39201-2685	FEC ID number of contributing federal political committee. <b>C</b> C00455980	CONTRIBUTION
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

Full Name (Last, First, Middle Initial) <b>B. GRIDIRON PAC- NATIONAL FOOTBALL LEAGUE</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15878404</b>
Mailing Address 280 PARK AVENUE 17TH FLOOR		Amount of Each Receipt this Period 15000.00
City NEW YORK State NY Zip Code 10017-1216	FEC ID number of contributing federal political committee. <b>C</b> C00451153	CONTRIBUTION
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00

Full Name (Last, First, Middle Initial) <b>C. HILMAR CHEESE COMPANY PAC</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2015 <b>Transaction ID : SA11.15869794</b>
Mailing Address P.O. BOX 910		Amount of Each Receipt this Period 2500.00
City HILMAR State CA Zip Code 95324-0910	FEC ID number of contributing federal political committee. <b>C</b> C00528299	CONTRIBUTION
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	22500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 512 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. HUNTINGTON BANCSHARES PAC</b>		Date of Receipt
Mailing Address 41 SOUTH HIGH STREET		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
COLUMBUS	OH	43215-6101
FEC ID number of contributing federal political committee.	<input type="text" value="C00165589"/>	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="15000.00"/>	
		Transaction ID : SA11.15872645
		Amount of Each Receipt this Period
		<input type="text" value="15000.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. ICE CREAM, MILK &amp; CHEESE PAC</b>		Date of Receipt
Mailing Address 1250 H. STREET NW #900		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20005-3952
FEC ID number of contributing federal political committee.	<input type="text" value="C00128231"/>	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	
		Transaction ID : SA11.15878360
		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. IMPACT COMMITTEE</b>		Date of Receipt
Mailing Address 120 W. 2ND STREET SUITE 1510		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
DAYTON	OH	45402-1603
FEC ID number of contributing federal political committee.	<input type="text" value="C00525238"/>	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="10000.00"/>	
		Transaction ID : SA11.15881329
		Amount of Each Receipt this Period
		<input type="text" value="10000.00"/>
		CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="27500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



**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)	PAGE 513 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. INVESTMENT COMPANY INSTITUTE PAC ICI**

Mailing Address 1401 H STREET NW  
12TH FL. SUITE 1200

City WASHINGTON State DC Zip Code 20005-2110

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2015  
**Transaction ID : SA11.15854876**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ITC HOLDINGS CORP PAC**

Mailing Address 201 TOWNSEND STREET  
SUITE 900

City LANSING State MI Zip Code 48933-1529

FEC ID number of contributing federal political committee. **C** C00388462

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2015  
**Transaction ID : SA11.15854745**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JM FAMILY ENTERPRISES INC. PAC**

Mailing Address 111 JIM MORAN BLVD.

City DEERFIELD BEACH State FL Zip Code 33442-1701

FEC ID number of contributing federal political committee. **C** C00240911

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2015  
**Transaction ID : SA11.15854864**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	22500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 514 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. KOCH INDUSTRIES PAC**

Mailing Address **655 15TH STREET N.W.  
SUITE 445**

City **WASHINGTON** State **DC** Zip Code **20005-5727**

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**15000.00**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : SA11.15878399**

Amount of Each Receipt this Period  
**15000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. KPMG PARTNERS/PRINCIPALS & EMPLOYEES PAC**

Mailing Address **P.O. BOX 18254**

City **WASHINGTON** State **DC** Zip Code **20036-8254**

FEC ID number of contributing federal political committee. **C C00280222**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**15000.00**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : SA11.15878395**

Amount of Each Receipt this Period  
**15000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. L-3 COMMUNICATIONS INC. PAC**

Mailing Address **1215 JEFFERSON DAVIS HIGHWAY**

City **ARLINGTON** State **VA** Zip Code **22202-4302**

FEC ID number of contributing federal political committee. **C C00338087**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**15000.00**

Date of Receipt  
**03 / 09 / 2015**

**Transaction ID : SA11.15849315**

Amount of Each Receipt this Period  
**15000.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>45000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 515 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. LIBERTY & PROSPERITY PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 CATTANO AVENUE

City MORRISTOWN	State NJ	Zip Code 07960-6839
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00492538

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : SA11.15869792**

Amount of Each Receipt this Period  

15000.00
----------

**CONTRIBUTION**

**B. LYNN PAC (LEAD YOUR NATION NOW PAC)**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1872

City TOPEKA	State KS	Zip Code 66601-1872
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00491043

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

**Transaction ID : SA11.15859843**

Amount of Each Receipt this Period  

10000.00
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**CONTRIBUTION**

**C. MACANDREWS AND FORBES HOLDINGS INC. PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 E. 62ND STREET

City NEW YORK	State NY	Zip Code 10065-8014
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00432856

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

**Transaction ID : SA11.15872632**

Amount of Each Receipt this Period  

5000.00
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**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 516 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MACANDREWS AND FORBES HOLDINGS INC. PAC**

Mailing Address 35 E. 62ND STREET

City NEW YORK State NY Zip Code 10065-8014

FEC ID number of contributing federal political committee. **C** C00432856

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.15872633**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MANAGED FUNDS ASSOCIATION PAC**

Mailing Address 600 14TH STREET NW SUITE 900

City WASHINGTON State DC Zip Code 20005-2002

FEC ID number of contributing federal political committee. **C** C00306894

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881289**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MARSH & MCLENNAN COMPANIES PAC**

Mailing Address 1255 23RD STREET

City WASHINGTON State DC Zip Code 20037-1125

FEC ID number of contributing federal political committee. **C** C00457234

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15850543**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 517 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MINEPAC, NATIONAL MINING ASSOCIATION**

Mailing Address 101 CONSTITUTION AVENUE, NW  
SUITE 500 EAST

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00304634

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 17 / 2015  
**Transaction ID : SA11.15854874**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MORTGAGE BANKERS ASSOCIATION PAC**

Mailing Address 1333 H. STREET NW  
SUITE 1000W

City WASHINGTON State DC Zip Code 20005-4756

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
03 / 26 / 2015  
**Transaction ID : SA11.15878332**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MOTOROLA SOLUTIONS PAC**

Mailing Address 1455 PENNSYLVANIA AVENUE NW SUITE

City WASHINGTON State DC Zip Code 20004-1016

FEC ID number of contributing federal political committee. **C** C00075341

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
03 / 25 / 2015  
**Transaction ID : SA11.15872635**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 518 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL ASSOC.OF REAL ESTATE INVESTMENT TRUST PAC</b>		Date of Receipt
Mailing Address 1875 I STREET NW SUITE 600		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20006-5413
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00303339"/>	<b>Transaction ID : SA11.15850539</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="15000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="15000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. NATIONAL ASSOCIATION OF CHEMICAL DISTRIBUTORS PAC</b>		Date of Receipt
Mailing Address 1560 WILSON BLVD STE 1100		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
ARLINGTON	VA	22209-2442
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00379180"/>	<b>Transaction ID : SA11.15854746</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS PAC</b>		Date of Receipt
Mailing Address 2901 TELESTAR COURT		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
FALLS CHURCH	VA	22042-1260
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00005249"/>	<b>Transaction ID : SA11.15864889</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="15000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="15000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="35000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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)	PAGE 519 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL CHICKEN COUNCIL PAC</b>		Date of Receipt
Mailing Address 1152 15TH ST NW STE 430		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20005-1790
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00034272"/>	<b>Transaction ID : SA11.15854870</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. NATIONAL COMMUNITY ACTION PROGRAM PAC</b>		Date of Receipt
Mailing Address P.O. BOX 78214		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20013-9214
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00163048"/>	<b>Transaction ID : SA11.15869807</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="7500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="15000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. NATIONAL FUEL GAS COMPANY FEDERAL POLITICAL ACTION COMMITTEE</b>		Date of Receipt
Mailing Address 6363 MAIN STREET		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
WILLIAMSVILLE	NY	14221-5855
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00083758"/>	<b>Transaction ID : SA11.15878355</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<b>CONTRIBUTION</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="17500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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)	PAGE 520 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. NATIONAL RESTAURANT ASSOCIATION PAC**

Mailing Address 1625 K. STREET NW SUITE 210

City	State	Zip Code
WASHINGTON	DC	20006-1611

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SA11.15853002**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. NATIONAL RURAL LETTER CARRIERS' ASSOCIATION PAC**

Mailing Address 1630 DUKE STREEET, 4TH FLOOR

City	State	Zip Code
ALEXANDRIA	VA	22314-3426

FEC ID number of contributing federal political committee. **C** C00072025

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

**Transaction ID : SA11.15854872**

Amount of Each Receipt this Period  
7500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. NATIONAL RURAL LETTER CARRIERS' ASSOCIATION PAC**

Mailing Address 1630 DUKE STREEET, 4TH FLOOR

City	State	Zip Code
ALEXANDRIA	VA	22314-3426

FEC ID number of contributing federal political committee. **C** C00072025

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

**Transaction ID : SA11.15854873**

Amount of Each Receipt this Period  
7500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	17500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 521 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. NATIONAL RIFLE ASSOCIATION PAC**

Mailing Address 410 FIRST STREET, SE SECOND FLOOR

City WASHINGTON State DC Zip Code 20003-1867

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15864892**

Amount of Each Receipt this Period  
 15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. NATIONAL RESTAURANT ASSOCIATION PAC**

Mailing Address 1625 K. STREET NW SUITE 210

City WASHINGTON State DC Zip Code 20006-1611

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15869803**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. NATIONAL READY MIXED CONCRETE ASSOCIATION PAC**

Mailing Address 900 SPRING STREET

City SILVER SPRING State MD Zip Code 20910-

FEC ID number of contributing federal political committee. **C** C00114025

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881291**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 22500.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 522 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. NATIONAL RESTAURANT ASSOCIATION PAC**

Mailing Address 1625 K. STREET NW SUITE 210

City	State	Zip Code
WASHINGTON	DC	20006-1611

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : SA11.15881327**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. NATIONAL RESTAURANT ASSOCIATION PAC**

Mailing Address 1625 K. STREET NW SUITE 210

City	State	Zip Code
WASHINGTON	DC	20006-1611

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : SA11.15881328**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. NATSO INC. NATSO PAC**

Mailing Address 1737 KING STREET SUITE 200

City	State	Zip Code
ALEXANDRIA	VA	22314-2727

FEC ID number of contributing federal political committee. **C** C00097865

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

**Transaction ID : SA11.15850544**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 523 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. NEA FUND FOR CHILDREN AND PUBLIC EDUCATION**

Mailing Address 1201 16TH ST NW

City WASHINGTON State DC Zip Code 20036-3201

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15853000**

Amount of Each Receipt this Period  
 15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. NEW YORK LIFE INSURANCE PAC**

Mailing Address 901 15TH STREET, SUITE 600

City WASHINGTON State DC Zip Code 20005-2324

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.15869806**

Amount of Each Receipt this Period  
 15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. NEXT CENTURY FUND**

Mailing Address 116 S. ROYAL STREET

City ALEXANDRIA State VA Zip Code 22314-3328

FEC ID number of contributing federal political committee. **C** C00343947

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.15869791**

Amount of Each Receipt this Period  
 15000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	45000.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 524 OF 756  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. NFIB SAFE TRUST PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 F STREET NW, SUITE 200  
 City WASHINGTON State DC Zip Code 20004-1221  
 FEC ID number of contributing federal political committee. **C** C00101105  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.15854869**  
 Amount of Each Receipt this Period  
 15000.00  
 CONTRIBUTION

**B. NOVO NORDISK PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 F STREET NW SUITE 1150  
 City WASHINGTON State DC Zip Code 20004-1351  
 FEC ID number of contributing federal political committee. **C** C00424838  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.15853001**  
 Amount of Each Receipt this Period  
 15000.00  
 CONTRIBUTION

**C. NTRA PAC, INC.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2525 HARRODSBURG ROAD  
 City LEXINGTON State KY Zip Code 40504-3355  
 FEC ID number of contributing federal political committee. **C** C00360008  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.15846222**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 35000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 525 OF 756  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. NTRA PAC, INC.**

Mailing Address **2525 HARRODSBURG ROAD**

City State Zip Code  
**LEXINGTON KY 40504-3355**

FEC ID number of contributing federal political committee. **C C00360008**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**10000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**03 / 10 / 2015**

**Transaction ID : SA11.15850546**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. OCCIDENTAL PETROLEUM CORPORATION OXPAC**

Mailing Address **1717 PENNSYLVANIA AVENUE NW  
SUITE 400**

City State Zip Code  
**WASHINGTON DC 20006-4621**

FEC ID number of contributing federal political committee. **C C00083857**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**15000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**03 / 25 / 2015**

**Transaction ID : SA11.15872628**

Amount of Each Receipt this Period  
**15000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. OLD DOMINION FREIGHT LINE INC, PAC**

Mailing Address **500 OLD DOMINION WAY**

City State Zip Code  
**THOMASVILLE NC 27360-8923**

FEC ID number of contributing federal political committee. **C C00496836**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**03 / 26 / 2015**

**Transaction ID : SA11.15878336**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **22500.00**

**TOTAL** This Period (last page this line number only)..... ►

**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)	PAGE 526 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. ORACLE CORPORATION PAC</b>		Date of Receipt
Mailing Address 1015 15TH STREET NW SUITE 200		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20005-2635
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11.15878331</b>
FEC ID number of contributing federal political committee. <b>C</b> C00323048		Amount of Each Receipt this Period
		<input type="text" value="3750.00"/>
Name of Employer	Occupation	CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3750.00"/>	

Full Name (Last, First, Middle Initial) <b>B. OWENS-ILLINOIS, INC. PAC</b>		Date of Receipt
Mailing Address 1401 WILSON BLVD STE 1005		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
ARLINGTON	VA	22209-2326
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11.15878362</b>
FEC ID number of contributing federal political committee. <b>C</b> C00034330		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. PATRIOT COAL CORPORATION PAC</b>		Date of Receipt
Mailing Address 63 CORPORATE CENTER DRIVE		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
SCOTT DEPOT	WV	25560-7841
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11.15853004</b>
FEC ID number of contributing federal political committee. <b>C</b> C00452524		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="9750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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)	PAGE 527 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. PATRIOT COAL CORPORATION PAC</b>		Date of Receipt
Mailing Address 63 CORPORATE CENTER DRIVE		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
SCOTT DEPOT	WV	25560-7841
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11.15864890</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00452524"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="1000.00"/>
Occupation		<b>CONTRIBUTION</b>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. PATRIOT COAL CORPORATION PAC</b>		Date of Receipt
Mailing Address 63 CORPORATE CENTER DRIVE		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
SCOTT DEPOT	WV	25560-7841
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11.15869804</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00452524"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="1000.00"/>
Occupation		<b>CONTRIBUTION</b>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. PENN NATIONAL GAMING PAC</b>		Date of Receipt
Mailing Address 825 BERKSHIRE BLVD. SUITE 200		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
WYOMISSING	PA	19610-1247
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11.15854871</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00423814"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="10000.00"/>
Occupation		<b>CONTRIBUTION</b>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="10000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="12000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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)	PAGE 528 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. PPG BETTER GOVERNMENT TEAM PPG INDUSTRIES INC.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address ONE PPG PLACE  
 40 EAST  
 City PITTSBURGH State PA Zip Code 15272-0001  
 FEC ID number of contributing federal political committee. **C** C00034298  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881290**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B. PPL CORPORATION PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 7TH STREET, NW, SUITE 510  
 City WASHINGTON State DC Zip Code 20001-3888  
 FEC ID number of contributing federal political committee. **C** C00228106  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.15864891**  
 Amount of Each Receipt this Period  
 15000.00  
 CONTRIBUTION

**C. PRIDE MOBILITY PRODUCTS CORP. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 182 SUSQUEHANNA AVE.  
 City EXTER State PA Zip Code 18643-2653  
 FEC ID number of contributing federal political committee. **C** C00388132  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.15850547**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	22500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 529 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA PAC</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 <b>Transaction ID : SA11.15849317</b>
Mailing Address 444 N. CAPITOL STREET NW SUITE 801		Amount of Each Receipt this Period 5000.00
City WASHINGTON	State DC	Zip Code 20001-1508
FEC ID number of contributing federal political committee.	C C00066472	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. PUBLIC SERVICE ENTERPRISE GROUP INC. PAC</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15881305</b>
Mailing Address 80 PARK PLAZA		Amount of Each Receipt this Period 5000.00
City NEWARK	State NJ	Zip Code 07102-4109
FEC ID number of contributing federal political committee.	C C00383489	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. RAYTHEON COMPANY PAC</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 <b>Transaction ID : SA11.15872656</b>
Mailing Address 1100 WILSON BLVD. SUITE 1500		Amount of Each Receipt this Period 15000.00
City ARLINGTON	State VA	Zip Code 22209-3900
FEC ID number of contributing federal political committee.	C C00097568	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	
		CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 530 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ROTHMAN INSTITUTE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 925 CHESTNUT STREET  
 City PHILADELPHIA State PA Zip Code 19107-4216  
 FEC ID number of contributing federal political committee. **C** C00558700  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : SA11.15853005**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION

**B. SEMPRA ENERGY EMPLOYEES PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 ASH STREET  
 City SAN DIEGO State CA Zip Code 92101-3017  
 FEC ID number of contributing federal political committee. **C** C00008748  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15881283**  
 Amount of Each Receipt this Period 15000.00  
 CONTRIBUTION

**C. SF PROPERTIES LLC FEDERAL POLITICAL ACTION COMMITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17800 N LAUREL PARK DR  
 City LIVONIA State MI Zip Code 48152-3985  
 FEC ID number of contributing federal political committee. **C** C00458406  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.15878401**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	26000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 531 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. SIERRA NEVADA PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 SALOMON CIRCLE  
 City SPARKS State NV Zip Code 89434-9651  
 FEC ID number of contributing federal political committee. **C** C00367995  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15878397**  
 Amount of Each Receipt this Period  
 15000.00  
 CONTRIBUTION

**B. SOCIETY OF THORACIC SURGEONS PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 F. STREET, NW SUITE 310 C  
 City WASHINGTON State DC Zip Code 20001-  
 FEC ID number of contributing federal political committee. **C** C00325936  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881284**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C. SOUTHERN COMPANY PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 PENNSYLVANIA AVE, NW SUITE 800  
 City WASHINGTON State DC Zip Code 20004-2601  
 FEC ID number of contributing federal political committee. **C** C00144774  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878364**  
 Amount of Each Receipt this Period  
 15000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	32500.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

**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)	PAGE 532 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. SOUTHWEST AIRLINES PILOTS' ASSOCIATION PAC</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15881306</b>
Mailing Address 1450 EMPIRE CENTRAL DR.		Amount of Each Receipt this Period 5000.00
City DALLAS	State TX	Zip Code 75247-4027
FEC ID number of contributing federal political committee. C C00360669	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. SPACE EXPLORATION TECHNOLOGIES CORPORATION PAC</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15878398</b>
Mailing Address 1030 15TH STREET NW, SUITE 400E		Amount of Each Receipt this Period 15000.00
City WASHINGTON	State DC	Zip Code 20005-1500
FEC ID number of contributing federal political committee. C C00411116	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. SPEAK UP AMERICA PAC</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15878406</b>
Mailing Address P.O. BOX 2485		Amount of Each Receipt this Period 2800.00
City SPRINGFIELD	State VA	Zip Code 22152-0485
FEC ID number of contributing federal political committee. C C00376756	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 17800.00	

REDESIGNATION REQUESTED (AUTOMATIC)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	22800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 533 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. SPECTRA ENERGY CORP PAC**

Mailing Address 5400 WESTHEIMER COURT

City HOUSTON State TX Zip Code 77056-5353

FEC ID number of contributing federal political committee. **C C00429662**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA11.15878403**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. SPRINT NEXTEL CORPORATION PAC**

Mailing Address 900 7TH STREET, NW SUITE 700

City WASHINGTON State DC Zip Code 20001-4185

FEC ID number of contributing federal political committee. **C C00089342**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA11.15881292**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. SYNGENTA CORPORATION PAC**

Mailing Address 1399 NEW YORK AVE NW STE 750

City WASHINGTON State DC Zip Code 20005-4777

FEC ID number of contributing federal political committee. **C C00363945**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
03 / 09 / 2015  
**Transaction ID : SA11.15849313**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30000.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 534 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. TAKEDA PHARMACEUTICALS AMERICA INC. PAC**

Mailing Address 750 NINTH STREET, NW  
SUITE 575

City WASHINGTON State DC Zip Code 20001-4584

FEC ID number of contributing federal political committee. **C** C00441733

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
03 / 09 / 2015  
**Transaction ID : SA11.15849319**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. TEXAS REPUBLICANS UNITED PAC**

Mailing Address 815-A BRAZOS STREET  
PMB 229

City AUSTIN State TX Zip Code 78701-2514

FEC ID number of contributing federal political committee. **C** C00481531

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
03 / 18 / 2015  
**Transaction ID : SA11.15859844**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. TEXTRON INC. PAC**

Mailing Address 1101 PENNSYLVANIA AVENUE NW  
SUITE 400

City WASHINGTON State DC Zip Code 20004-2514

FEC ID number of contributing federal political committee. **C** C00123612

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
03 / 30 / 2015  
**Transaction ID : SA11.15878353**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 535 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. THE WILLIAMS COMPANIES PAC**

Mailing Address 1667 K ST NW STE 800

City WASHINGTON State DC Zip Code 20006-1681

FEC ID number of contributing federal political committee. **C C00040394**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
03 / 30 / 2015  
**Transaction ID : SA11.15878354**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. THOROUGHBRED PAC**

Mailing Address PO BOX 65116

City WASHINGTON State DC Zip Code 20035-5116

FEC ID number of contributing federal political committee. **C C00425439**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50750.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA11.15881286**

Amount of Each Receipt this Period  
35750.00

CONTRIBUTION

REDESIGNATION REQUESTED (AUTOMATIC)

Full Name (Last, First, Middle Initial)  
**C. TRAVELERS INSURANCE PAC**

Mailing Address 1331 F. STREET NW SUITE 975

City WASHINGTON State DC Zip Code 20004-1137

FEC ID number of contributing federal political committee. **C C00376376**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA11.15881325**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65750.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 536 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. TURKISH AMERICAN HERITAGE PAC**

Mailing Address 613 RACHO BAUER DRIVE

City HOUSTON State TX Zip Code 77079-6821

FEC ID number of contributing federal political committee. **C** C00454140

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878363**

Amount of Each Receipt this Period  
 10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. TURKISH COALITION NJ PAC**

Mailing Address 279 GORGE RD. APT. 203

City CLIFFSIDE PARK State NJ Zip Code 07010-1305

FEC ID number of contributing federal political committee. **C** C00487181

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881294**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. TURKISH COALITION NJ PAC**

Mailing Address 279 GORGE RD. APT. 203

City CLIFFSIDE PARK State NJ Zip Code 07010-1305

FEC ID number of contributing federal political committee. **C** C00487181

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.15881295**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 537 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. TURKISH COALITION NJ PAC**

Mailing Address 279 GORGE RD. APT. 203

City State Zip Code  
CLIFFSIDE PARK NJ 07010-1305

FEC ID number of contributing federal political committee. **C** C00487181

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015  
**Transaction ID : SA11.15881296**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. TURKISH COALITION MIDWEST PAC (TC-MIDWEST-PAC)**

Mailing Address P.O. BOX 523

City State Zip Code  
INDIANAPOLIS IN 46206-0523

FEC ID number of contributing federal political committee. **C** C00530865

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015  
**Transaction ID : SA11.15881297**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. TURKISH COALITION MIDWEST PAC (TC-MIDWEST-PAC)**

Mailing Address P.O. BOX 523

City State Zip Code  
INDIANAPOLIS IN 46206-0523

FEC ID number of contributing federal political committee. **C** C00530865

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015  
**Transaction ID : SA11.15881298**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 538 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. TURKISH COALITION USA PAC</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15881299</b>
Mailing Address 1025 CONNECTICUT AVE NW STE 1000		Amount of Each Receipt this Period 5000.00
City WASHINGTON	State DC	Zip Code 20036-5417
FEC ID number of contributing federal political committee. <b>C</b> C00432526		CONTRIBUTION
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

Full Name (Last, First, Middle Initial) <b>B. TURKISH COALITION CAL PAC</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA11.15881300</b>
Mailing Address 1212 S. VICTORY BLVD.		Amount of Each Receipt this Period 10000.00
City BURBANK	State CA	Zip Code 91502-2551
FEC ID number of contributing federal political committee. <b>C</b> C00489898		CONTRIBUTION
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>C. USAA GROUP PAC</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2015 <b>Transaction ID : SA11.15869802</b>
Mailing Address NORTH TOWER, 601 PENNSYLVANIA AVEN		Amount of Each Receipt this Period 15000.00
City WASHINGTON	State DC	Zip Code 20004-
FEC ID number of contributing federal political committee. <b>C</b> C00164145		CONTRIBUTION
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 539 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. VALERO ENERGY CORPORATION PAC**

Mailing Address 601 PENN AVE NW, SOUTH BUILDING, S

City WASHINGTON State DC Zip Code 20004-

FEC ID number of contributing federal political committee. **C C00109546**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
03 / 23 / 2015  
**Transaction ID : SA11.15869805**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. VISA, INC. PAC**

Mailing Address 1300 CONNECTICUT AVENUE NW SUITE 900

City WASHINGTON State DC Zip Code 20036-1714

FEC ID number of contributing federal political committee. **C C00365122**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : SA11.15854744**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. WASTE MANAGEMENT PAC (WM PAC)**

Mailing Address 1001 FANNIN SUITE 4000

City HOUSTON State TX Zip Code 77002-6711

FEC ID number of contributing federal political committee. **C C00119008**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA11.15878405**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 540 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. WENDY'S/ARBY'S GROUP PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4288 W. DUBLIN GRANVILLE ROAD  
 City DUBLIN State OH Zip Code 43017-1442  
 FEC ID number of contributing federal political committee. **C** C00369090  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.15846219**  
 Amount of Each Receipt this Period  
 15000.00  
 CONTRIBUTION

**B. WEYERHAEUSER PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 NORTH CAPITOL STREET, NW SUITE 490  
 City WASHINGTON State DC Zip Code 20001-6509  
 FEC ID number of contributing federal political committee. **C** C00007948  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878361**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C. XCEL ENERGY EMPLOYEE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 825 RICE STREET #300  
 City MINNEAPOLIS State MN Zip Code 55117-5459  
 FEC ID number of contributing federal political committee. **C** C00107771  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.15849312**  
 Amount of Each Receipt this Period  
 15000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 35000.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 541 OF 756  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ZURICH FINANCIAL PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 F STREET, NW  
 SUITE 250  
 City WASHINGTON State DC Zip Code 20004-1220  
 FEC ID number of contributing federal political committee. **C** C00235036  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.15878356**  
 Amount of Each Receipt this Period  
 7500.00  
**CONTRIBUTION**

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3341771.43

**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)	PAGE 542 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. BARR VICTORY FUND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 138 CONANT STREET 1ST FLOOR  
City BEVERLY State MA Zip Code 01915-1666  
FEC ID number of contributing federal political committee. **C** C00547125  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1517.85

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA12.15878315**  
Amount of Each Receipt this Period 1517.85  
TRANSFER OF JOINT FUNDRAISING PROCEEDS  
OTHER DONORS PREVIOUSLY DISCLOSED

**B. MR. OLIN B. GENTRY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 209 HARP INNIS ROAD  
City LEXINGTON State KY Zip Code 40511-9403  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation GAINES GENTRY THOROUGHBREDS DIRECTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 21 / 2014  
**Transaction ID : SA12.15882140**  
Amount of Each Receipt this Period 1000.00  
JFC ATTRIB: BARR VICTORY FUND  
**[MEMO ITEM]**

**C. BILL SHUSTER VICTORY COMMITTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 228 S WASHINGTON ST. STE. 115  
City ALEXANDRIA State VA Zip Code 22314-5404  
FEC ID number of contributing federal political committee. **C** C00499301  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 610.07

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA12.15881309**  
Amount of Each Receipt this Period 610.07  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2127.92  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 543 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MARTIN E. TORREY**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 ARBOR LANE

City CLIFTON PARK State NY Zip Code 12065-5911

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : SA12.15885902**

Amount of Each Receipt this Period  
 1000.00

JFC ATTRIB: BILL SHUSTER VICTORY COMMITTEE

**[MEMO ITEM]**

**B. BOEHNER FOR SPEAKER COMMITTEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 320 1ST STREET SE

City WASHINGTON State DC Zip Code 20003-1838

FEC ID number of contributing federal political committee. **C** C00478354

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1859432.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA12.15881308**

Amount of Each Receipt this Period  
 963945.52

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**C. DR. MUHAMMAD ANWAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 4955 VAN NUYS BOULEVARD #502

City SHERMAN OAKS State CA Zip Code 91403-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer MID VALLEY PULMONARY GROUP Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA12.15887262**

Amount of Each Receipt this Period  
 200.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	963945.52
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 544 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. C. MICHAEL ARMSTRONG**  
Full Name (Last, First, Middle Initial)

Mailing Address 1683 GALLEON DRIVE

City NAPLES State FL Zip Code 34102-7717

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
19800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : SA12.15887295**

Amount of Each Receipt this Period  
19800.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**B. MS. PAMELA G. BAILEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 5206 LAWN WAY SUITE 300

City CHEVY CHASE State MD Zip Code 20815-6670

FEC ID number of contributing federal political committee. **C**

Name of Employer GROCERY MANUFACTURERS ASSN Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : SA12.15887293**

Amount of Each Receipt this Period  
4800.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**C. MRS. BARBARA R. BANKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1045 ALEXANDER MOUNTAIN ROAD

City GEYSERVILLE State CA Zip Code 95441-9315

FEC ID number of contributing federal political committee. **C**

Name of Employer KENDALL JACKSON Occupation WINE INDUSTRY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA12.15887231**

Amount of Each Receipt this Period  
33400.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 545 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MARK J. BRENNER**

Mailing Address 600 14TH ST NW  
STE 500

City WASHINGTON State DC Zip Code 20005-2011

FEC ID number of contributing federal political committee. **C**

Name of Employer APOLLO GROUP Occupation GENERAL COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2015

Transaction ID : SA12.15887289

Amount of Each Receipt this Period  
12500.00

JFC ATTRIB: BOEHNER FOR SPEAKER

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. MR. BRUCE BRERETON**

Mailing Address 1254 GLEN OAK BOULEVARD

City PASADENA State CA Zip Code 91105-1154

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : SA12.15887254

Amount of Each Receipt this Period  
4800.00

JFC ATTRIB: BOEHNER FOR SPEAKER

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. MRS. CYNTHIA Z. BRIGHTON**

Mailing Address 161 LONG NECK POINT RD

City DARIEN State CT Zip Code 06820-5815

FEC ID number of contributing federal political committee. **C**

Name of Employer SWISHER INTERNATIONAL Occupation VICE PRESIDENT OF FINANCIAL SERVICES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
14800.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : SA12.15887283

Amount of Each Receipt this Period  
14800.00

JFC ATTRIB: BOEHNER FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 546 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. WILLIAM B. BURGETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2922 LOST RUN ROAD  
 City State Zip Code  
 FREDERICKTOWN OH 43019-9101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 KOKOSING CONSTRUCTION, CO. INC. CONTRACTOR  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA12.15887317**  
 Amount of Each Receipt this Period  
 4800.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MR. AUGUST A. BUSCH III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address ONE MID RIVERS MALL DRIVE  
 SUITE 210  
 City State Zip Code  
 SAINT PETERS MO 63376-4322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ANHEUSER-BUSCH CHAIRMAN EMERITUS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 32400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA12.15887308**  
 Amount of Each Receipt this Period  
 32400.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MR. BERNARD F. BUTLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 SUNNY SLOPE LANE  
 City State Zip Code  
 MANHATTAN KS 66502-4633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED PIZZA HUT FRANCHISE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 19800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA12.15887300**  
 Amount of Each Receipt this Period  
 19800.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 547 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. STEVE CALDEIRA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 K STREET NW  
 SUITE 350  
 City WASHINGTON State DC Zip Code 20005-1412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INTERNATIONAL FRANCHISE ASSOCIATION Occupation PRESIDENT AND CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 2500.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : SA12.15887294**  
 Amount of Each Receipt this Period 2500.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MR. SPENCER A. COATES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 STONE MEADOWS LN  
 City BOWLING GREEN State KY Zip Code 42103-7823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOUCHENS INDUSTRIES Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 32400.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA12.15887303**  
 Amount of Each Receipt this Period 32400.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MR. JOHNNY D. COPE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 905  
 City HOBBS State NM Zip Code 88241-0905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOBBS RENTAL CORPORATION Occupation OIL & GAS SERVICE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 4800.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA12.15887310**  
 Amount of Each Receipt this Period 4800.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 548 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. EDWARD CZUKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8383 WILSHIRE BLVD. SUITE 630

City BEVERLY HILLS	State CA	Zip Code 90211-2438
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer JAN DEVELOPMENT CO.	Occupation PRESIDENT
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
19800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : SA12.15887235**

Amount of Each Receipt this Period  
19800.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**B. MR. JOHN DAVID DAVENPORT**  
Full Name (Last, First, Middle Initial)

Mailing Address 6414 N SANTA FE AVE.  
STE. B

City OKLAHOMA CITY	State OK	Zip Code 73116-9102
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer DAVENPORT FINANCIAL GROUP	Occupation CHAIRMAN
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

**Transaction ID : SA12.15887319**

Amount of Each Receipt this Period  
800.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**C. MS. STACEY A. DION**  
Full Name (Last, First, Middle Initial)

Mailing Address 238 12TH STREET, SE

City WASHINGTON	State DC	Zip Code 20003-1428
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer THE BOEING COMPANY	Occupation VP, CORPORATE PUBLIC POLICY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : SA12.15887290**

Amount of Each Receipt this Period  
7400.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 549 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. EDWARD J. DONAGHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2363 S CEDAR AVE  
 City FRESNO State CA Zip Code 93725-1007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TARM INC. Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA12.15887245**  
 Amount of Each Receipt this Period 4800.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MR. MARCEL DUBOIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 WINDSOR ROAD  
 City ALEXANDRIA State VA Zip Code 22307-1017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UPS Occupation VICE PRESIDENT, GOVERNMENT AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 29 / 2015  
**Transaction ID : SA12.15887292**  
 Amount of Each Receipt this Period 5000.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MR. GEORGE B. DUKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 580 E MAIN STREET  
 City BRADFORD State PA Zip Code 16701-1838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ZIPPO MFG. COMPANY Occupation CHAIRMAN & OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA12.15887321**  
 Amount of Each Receipt this Period 33400.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 550 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOHN W. DWYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 206 GOODWIN GARDENS  
 City State Zip Code  
 BALTIMORE MD 21210-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CAPITAL FUNDING GROUP CHAIRMAN OF THE BOARD  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 19800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA12.15887296**  
 Amount of Each Receipt this Period  
 19800.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MR. J. STEVEN EMERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1522 ENSLEY AVENUE  
 City State Zip Code  
 LOS ANGELES CA 90024-5325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED INVESTOR  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA12.15887267**  
 Amount of Each Receipt this Period  
 200.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MRS. RITA R. EMERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1522 ENSLEY AVENUE  
 City State Zip Code  
 LOS ANGELES CA 90024-5325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED INVESTOR  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA12.15887272**  
 Amount of Each Receipt this Period  
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 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 551 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MARSHALL EZRALOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23622 CALBASAS ROAD, SUITE 200  
 SUITE 200  
 City CALABASAS State CA Zip Code 91302-1509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE EZRALOW COMPANY Occupation REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 19800.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA12.15887234**  
 Amount of Each Receipt this Period 19800.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MR. JAMES L. GAGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8450 BROADWAY  
 City MERRILLVILLE State IN Zip Code 46410-6221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DIRECT BUY Occupation FOUNDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA12.15887299**  
 Amount of Each Receipt this Period 10000.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MR. RAFAEL GALICOT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2916 GATE FIVE PLACE  
 City CHULA VISTA State CA Zip Code 91914-2632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF( )  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 32400.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA12.15887232**  
 Amount of Each Receipt this Period 32400.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 552 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. VINCE GILBERT**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 20096

City PORTLAND State OR Zip Code 97294-0096

FEC ID number of contributing federal political committee. **C**

Name of Employer EAST COUNTY RECYCLING Occupation OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : SA12.15887320**

Amount of Each Receipt this Period 4800.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**B. MR. JAMES GIPSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 8375 CEMETERY ROAD

City BOWLING GREEN State KY Zip Code 42103-9717

FEC ID number of contributing federal political committee. **C**

Name of Employer HOUCHENS INDUSTRIES Occupation CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 32400.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA12.15887302**

Amount of Each Receipt this Period 32400.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**C. MR. JOEY GOLDSTEIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 9426 OAKMORE ROAD

City LOS ANGELES State CA Zip Code 90035-4139

FEC ID number of contributing federal political committee. **C**

Name of Employer CULVER DAIRY INC. Occupation CORPORATE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA12.15887273**

Amount of Each Receipt this Period 200.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 553 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. MURRAY B. HALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 348 METATE PLACE  
 City PALM DESERT State CA Zip Code 92260-7343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4800.00**

Date of Receipt **03 / 23 / 2015**  
**Transaction ID : SA12.15887248**  
 Amount of Each Receipt this Period **4800.00**  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MR. JOHN C. HARRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23300 W. OAKLAND AVE.  
 City COALINGA State CA Zip Code 93210-9804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HARRIS FARMS Occupation CHAIRMAN/CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4800.00**

Date of Receipt **03 / 23 / 2015**  
**Transaction ID : SA12.15887247**  
 Amount of Each Receipt this Period **4800.00**  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MR. BEN HELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 745 5TH AVENUE  
 City NEW YORK State NY Zip Code 10151-0099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation REAL ESTATE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **19800.00**

Date of Receipt **03 / 26 / 2015**  
**Transaction ID : SA12.15887311**  
 Amount of Each Receipt this Period **19800.00**  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**TOTAL** This Period (last page this line number only).....

**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)	PAGE 554 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JEFFREY O. HENLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1605 ALISA LANE  
City SANTA BARBARA State CA Zip Code 93110-2448  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA12.15887242**  
Amount of Each Receipt this Period 4800.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MR. STANLEY M. HERZOG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 600 S. RIVERSIDE ROAD P.O. BOX 1089  
City ST. JOSEPH State MO Zip Code 64507-9775  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation CHAIRMAN & C.E.O.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 19800.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : SA12.15887309**  
Amount of Each Receipt this Period 19800.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. JAMEEL HOURANI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 338 NORTH BARRINGTON  
City LOS ANGELES State CA Zip Code 90049-2925  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SNF MANAGEMENT Occupation MEDICAL DIRECTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : SA12.15887263**  
Amount of Each Receipt this Period 200.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 555 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. JUDY HOURANI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 338 N. BARRINGTON AVENUE  
City LOS ANGELES State CA Zip Code 90049-2925  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 03 / 13 / 2015  
**Transaction ID : SA12.15887271**  
Amount of Each Receipt this Period: 200.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MRS. CHERYL A. HOWARD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 56 LAUREL POINT TOAD  
City FRIDAY HARBOR State WA Zip Code 98250-6004  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 03 / 23 / 2015  
**Transaction ID : SA12.15887329**  
Amount of Each Receipt this Period: 10000.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MR. ROBERT S. HOWARD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2525 PIO PICO DR # 202  
City CARLSBAD State CA Zip Code 92008-1568  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: **SELF EMPLOYED** Occupation: **CORPORATE EXECUTIVE**  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4800.00

Date of Receipt: 03 / 23 / 2015  
**Transaction ID : SA12.15887250**  
Amount of Each Receipt this Period: 4800.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 556 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. RANDALL D. HUBBARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 72-980 FRED WARING #B #202  
 City PALM DESERT State CA Zip Code 92260-2898  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer R D HUBBARD ENTERPRISES Occupation CEO AND CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA12.15887233**  
 Amount of Each Receipt this Period 25000.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MS. STACEY HUGHES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 314 N. GARFIELD STREET  
 City ARLINGTON State VA Zip Code 22201-1231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE NICKLES GROUP Occupation GOVERNMENT AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA12.15887328**  
 Amount of Each Receipt this Period 4800.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MR. HARVEY F. JABARA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 72980 FRED WARING DR. STE. B  
 City PALM DESERT State CA Zip Code 92260-2898  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OLIVE MANAGEMENT LLC Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA12.15887246**  
 Amount of Each Receipt this Period 4800.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 557 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. CHRISTOPHER A. BANKE JACKSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1045 ALEXANDER MOUNTAIN ROAD

City State Zip Code  
GEYSERVILLE CA 95441-9315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KENDALL JACKSON WINE INDUSTRY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
03 / 23 / 2015  
Transaction ID : SA12.15887230

Amount of Each Receipt this Period  
33400.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**B. MRS. MITCHELL JULIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 AVENUE OF THE STARS  
11TH FLOOR

City State Zip Code  
LOS ANGELES CA 90067-4732

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CANYON CAPITAL INVESTMENT MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
03 / 26 / 2015  
Transaction ID : SA12.15887274

Amount of Each Receipt this Period  
200.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**C. MS. JOLEEN JULIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1880 CENTRUY PARK E  
SUITE 1600

City State Zip Code  
LOS ANGELES CA 90067-1661

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
03 / 26 / 2015  
Transaction ID : SA12.15887275

Amount of Each Receipt this Period  
200.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 558 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOHN J. KALPAKOFF**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 12385  
City FRESNO State CA Zip Code 93777-2385  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MID VALLEY DISPOSAL Occupation BUSINESS OWNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA12.15887255**  
Amount of Each Receipt this Period 4800.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MR. JOHN A. KANEB**  
Full Name (Last, First, Middle Initial)  
Mailing Address 34 MASCONOMO STREET  
City MANCHESTER State MA Zip Code 01944-1452  
FEC ID number of contributing federal political committee. **C**  
Name of Employer THE CATAMOUNT COMPANIES Occupation CHAIRMAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 27200.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA12.15887304**  
Amount of Each Receipt this Period 27200.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MR. BRIAN KENNEDY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1400 MCKINNEY STREET APT. 3606  
City HOUSTON State TX Zip Code 77010-4068  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FTI CONSULTING Occupation CONSULTANT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 03 / 29 / 2015  
**Transaction ID : SA12.15887324**  
Amount of Each Receipt this Period 4800.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 559 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. KENNETH J. KIES**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 CONSTITUTION AVENUE, NW SUITE

City WASHINGTON State DC Zip Code 20001-2123

FEC ID number of contributing federal political committee. **C**

Name of Employer FEDERAL POLICY GROUP Occupation MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA12.15887325**

Amount of Each Receipt this Period 33400.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**B. MR. THOMAS R. KUHN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7101 SAUNDERS COURT

City WEST BETHESDA State MD Zip Code 20817-4102

FEC ID number of contributing federal political committee. **C**

Name of Employer EDISON ELECTRIC INSTITUTE Occupation PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA12.15887307**

Amount of Each Receipt this Period 5000.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**C. MR. ALAIN KUPPERMANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2208 S. BEVERLY DRIVE

City LOS ANGELES State CA Zip Code 90034-1006

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 29 / 2015  
**Transaction ID : SA12.15887276**

Amount of Each Receipt this Period 200.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 560 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. JACQUELINE KUPPERMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2208 S. BEVERLY DRIVE  
 City State Zip Code  
 LOS ANGELES CA 90034-1006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC DESIGNER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2015  
**Transaction ID : SA12.15887280**  
 Amount of Each Receipt this Period  
 200.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MR. EPHRAIM G. KUTNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 LAWRENCE AVENUE  
 City State Zip Code  
 LAWRENCE NY 11559-1446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HAWBORVIEW CAPITAL PARTNERS PRESIDENT AND CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2015  
**Transaction ID : SA12.15887312**  
 Amount of Each Receipt this Period  
 3800.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MRS. RACHEL KUTNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 HARBORVIEW WEST  
 City State Zip Code  
 LAWRENCE NY 11559-1911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC TEACHER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2015  
**Transaction ID : SA12.15887315**  
 Amount of Each Receipt this Period  
 2300.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 561 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. RENA KUTNER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 LAWRENCE AVENUE  
City LAWRENCE State NY Zip Code 11559-1446  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KFT SERVICES Occupation INTERIOR DESIGNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3800.00

Date of Receipt 03 / 29 / 2015  
**Transaction ID : SA12.15887313**  
Amount of Each Receipt this Period 3800.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MR. YONASAN KUTNER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 HARBORVIEW WEST  
City LAWRENCE State NY Zip Code 11559-1911  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HARBORVIEW CAPITAL PARTNERS Occupation MANAGING DIRECTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 03 / 29 / 2015  
**Transaction ID : SA12.15887314**  
Amount of Each Receipt this Period 2300.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MR. FLOYD KVAMME**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19490 GLEN UNA DRIVE  
City SARATOGA State CA Zip Code 95070-6412  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 7400.00

Date of Receipt 03 / 29 / 2015  
**Transaction ID : SA12.15887238**  
Amount of Each Receipt this Period 7400.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 562 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. HOWARD H. LEACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350 ROYAL PALM WAY STE 401  
 SUITE 401  
 City PALM BEACH State FL Zip Code 33480-4308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LEACH CAPITAL CORPORATION Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : SA12.15887298**  
 Amount of Each Receipt this Period 2400.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MR. BRETT S. LOPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4551 32ND RD N  
 City ARLINGTON State VA Zip Code 22207-4466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN EXPRESS Occupation SENIOR VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7400.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : SA12.15887326**  
 Amount of Each Receipt this Period 7400.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MR. BEN MANDELBAUM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 324 N. HIGHLAND AVENUE  
 City LOS ANGELES State CA Zip Code 90036-2630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SNP PHARMACY Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 29 / 2015  
**Transaction ID : SA12.15887277**  
 Amount of Each Receipt this Period 200.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 563 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. MICHELLE MANDELBAUM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 324 N. HIGHLAND AVENUE  
 City State Zip Code  
 LOS ANGELES CA 90036-2630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SNP PHARMACY EXECUTIVE ASSISTANT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2015  
**Transaction ID : SA12.15887281**  
 Amount of Each Receipt this Period  
 200.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MR. ROBERT E. MASTERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42335 WASHINGTON STREET  
 SUITE F, 14  
 City State Zip Code  
 PALM DESERT CA 92211-8004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA12.15887249**  
 Amount of Each Receipt this Period  
 4800.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MS. JOANNE MCGRATH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 206 STRATFORD ST  
 City State Zip Code  
 WEST ROXBURY MA 02132-2142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA12.15887306**  
 Amount of Each Receipt this Period  
 4800.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 564 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. SEAN MCGRATH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 MEADOWBROOK RD.

City WESTON State MA Zip Code 02493-2406

FEC ID number of contributing federal political committee. **C**

Name of Employer STONEGRATE GROUP LLC Occupation REAL ESTATE DEVELOPMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA12.15887305**

Amount of Each Receipt this Period 4800.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**B. MS. CAROLE MCNEIL**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 801827

City DALLAS State TX Zip Code 75380-1827

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : SA12.15887323**

Amount of Each Receipt this Period 4800.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**C. MR. BRUCE M. MCPHERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3501 SW FAIRLAWN ROAD SUITE 100

City TOPEKA State KS Zip Code 66614-3975

FEC ID number of contributing federal political committee. **C**

Name of Employer MCPHERSON CONTRACTORS INC. Occupation DEVELOPER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA12.15887301**

Amount of Each Receipt this Period 4800.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

# 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)	PAGE 565 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. LYNDA MORLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 938 ANDREAS CANYON DRIVE  
 City PALM DESERT State CA Zip Code 92260-7206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4800.00**

Date of Receipt **03 / 23 / 2015**  
**Transaction ID : SA12.15887252**  
 Amount of Each Receipt this Period **4800.00**  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MR. MORDECAI NOTIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4221 WILSHIRE BLVD STE 282  
 City LOS ANGELES State CA Zip Code 90010-3552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer L & M CONSTRUCTION Occupation OWNER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **200.00**

Date of Receipt **03 / 13 / 2015**  
**Transaction ID : SA12.15887266**  
 Amount of Each Receipt this Period **200.00**  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MR. MICHAEL J. NOVOGRADAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 244 GLORIETTA BLVD.  
 City ORINDA State CA Zip Code 94563-3547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOVOGRADAC & COMPANY LLP Occupation ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **33400.00**

Date of Receipt **03 / 13 / 2015**  
**Transaction ID : SA12.15887227**  
 Amount of Each Receipt this Period **33400.00**  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 566 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. WILLIAM E. OBERNDORF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 SANSOME ST STE 1950  
 City SAN FRANCISCO State CA Zip Code 94111-3173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SPO PARTNERS Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA12.15887251**  
 Amount of Each Receipt this Period 4800.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MR. JOSEPH L. PARKER JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4124 S. ROCKFORD AVE. SUITE 201  
 City TULSA State OK Zip Code 74105-4248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ANCHOR STONE CO. Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA12.15887318**  
 Amount of Each Receipt this Period 33400.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MRS. ANNETTE PLOTKIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 LAKEVIEW CANYON ROAD  
 City WESTLAKE VILLAGE State CA Zip Code 91362-5649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 29 / 2015  
**Transaction ID : SA12.15887279**  
 Amount of Each Receipt this Period 200.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 567 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. RON PLOTKIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 LAKEVIEW CANYON RD  
City WESTLAKE VILLAGE State CA Zip Code 91362-5649  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation INVESTOR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 200.00

Date of Receipt 03 / 29 / 2015  
Transaction ID : SA12.15887278  
Amount of Each Receipt this Period 200.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
[MEMO ITEM]

**B. MR. ARLEN I. PRENTICE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 601 UNION STREET SUITE 1000  
City SEATTLE State WA Zip Code 98101-4064  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KIBBLE & PRENTICE Occupation CHAIRMAN  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5800.00

Date of Receipt 03 / 24 / 2015  
Transaction ID : SA12.15887330  
Amount of Each Receipt this Period 5800.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
[MEMO ITEM]

**C. MR. ANDREW F. PUZDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 570 MEADOW WOOD LANE  
City SANTA BARBARA State CA Zip Code 93108-2027  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CKE RESTAURANTS INC Occupation CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 19800.00

Date of Receipt 03 / 26 / 2015  
Transaction ID : SA12.15887236  
Amount of Each Receipt this Period 19800.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 568 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. HAROLD W. RIPPS</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2015 <b>Transaction ID : SA12.15887225</b>
Mailing Address 1094 GREYSTONE CRST		Amount of Each Receipt this Period 4800.00
City BIRMINGHAM	State AL	Zip Code 35242-7012
FEC ID number of contributing federal political committee. <b>C</b>		JFC ATTRIB: BOEHNER FOR SPEAKER
Name of Employer THE RIME COMPANIES	Occupation OWNER	<b>[MEMO ITEM]</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

Full Name (Last, First, Middle Initial) <b>B. MR. EDWARD P. ROSKI JR.</b>		Date of Receipt MM / DD / YYYY 03 / 26 / 2015 <b>Transaction ID : SA12.15887260</b>
Mailing Address 13191 CROSSROADS PKWY N 6TH FL FL 6		Amount of Each Receipt this Period 4600.00
City CITY OF INDUSTRY	State CA	Zip Code 91746-3421
FEC ID number of contributing federal political committee. <b>C</b>		JFC ATTRIB: BOEHNER FOR SPEAKER
Name of Employer MAJESTIC REALTY	Occupation CHAIRMAN & CEO	<b>[MEMO ITEM]</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4600.00	

Full Name (Last, First, Middle Initial) <b>C. MR. MARVIN SAMEL</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 <b>Transaction ID : SA12.15887297</b>
Mailing Address 7211 PONCE DE LEON RD		Amount of Each Receipt this Period 4800.00
City MIAMI	State FL	Zip Code 33143-6162
FEC ID number of contributing federal political committee. <b>C</b>		JFC ATTRIB: BOEHNER FOR SPEAKER
Name of Employer DREW ESTATE	Occupation OWNER AND FOUNDER	<b>[MEMO ITEM]</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 569 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. LEE SAMSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 9200 SUNSET BOULEVARD  
SUITE 700

City WEST HOLLYWOOD State CA Zip Code 90069-3603

FEC ID number of contributing federal political committee. **C**

Name of Employer S F MANAGEMENT LLC Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13400.00

Date of Receipt  
03 / 29 / 2015  
Transaction ID : SA12.15887237

Amount of Each Receipt this Period  
13400.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**B. MR. RICHARD V. SANDLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1250 4TH STREET

City SANTA MONICA State CA Zip Code 90401-

FEC ID number of contributing federal political committee. **C**

Name of Employer MARON & SANDLER Occupation SENIOR PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  
03 / 29 / 2015  
Transaction ID : SA12.15887258

Amount of Each Receipt this Period  
4800.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**C. MR. LENNY SANDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 15250 VENTURA BOULEVARD, 3RD FLOOR

City SHERMAN OAKS State CA Zip Code 91403-3201

FEC ID number of contributing federal political committee. **C**

Name of Employer ALCHEMY WORLDWIDE LLC Occupation BUSINESS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  
03 / 29 / 2015  
Transaction ID : SA12.15887257

Amount of Each Receipt this Period  
4800.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 570 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. H. STEPHEN SCHLOSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 314 NORTH MAPLE DRIVE  
 City BEVERLY HILLS State CA Zip Code 90210-4905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MERRILL LYNCH & COMPANY, INC. Occupation BROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : SA12.15887244**  
 Amount of Each Receipt this Period 4800.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MR. CHARLES R. SCHWAB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 192861  
 City SAN FRANCISCO State CA Zip Code 94119-2861  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHARLES SCHWAB & COMPANY INC. Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 38200.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA12.15887241**  
 Amount of Each Receipt this Period 5200.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**  
 REDESIGNATION REQUESTED (AUTOMATIC)

**C. MRS. IRENA SHUT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 245 E. OLIVE AVENUE  
 4TH FLOOR  
 City BURBANK State CA Zip Code 91502-1223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LIBERTY BELL LAW GROUP Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : SA12.15887240**  
 Amount of Each Receipt this Period 5600.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 571 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JAMIE SOHACHESKI**  
Full Name (Last, First, Middle Initial)

Mailing Address 8665 WILSHIRE BOULEVARD

City	State	Zip Code
BEVERLY HILLS	CA	90211-2934

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CROWN MANAGEMENT COMPANY	PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	13	/	2015

**Transaction ID : SA12.15887264**

Amount of Each Receipt this Period  
200.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**B. MR. RICHARD F. SPENCER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5286 E HOME AVE

City	State	Zip Code
FRESNO	CA	93727-2103

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SPENCER ENTERPRISES, INC	PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	26	/	2015

**Transaction ID : SA12.15887256**

Amount of Each Receipt this Period  
4800.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**C. MRS. EVA S. STERN**  
Full Name (Last, First, Middle Initial)

Mailing Address 23700 MALIBU COLONY ROAD

City	State	Zip Code
MALIBU	CA	90265-6629

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	CLINICAL SOCIAL WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	13	/	2015

**Transaction ID : SA12.15887270**

Amount of Each Receipt this Period  
200.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 572 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. MARC I. STERN**

Mailing Address 23700 MALIBU COLONY ROAD

City MALIBU	State CA	Zip Code 90265-6629
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer THE TCW GROUP, INC.	Occupation CEO
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : SA12.15887265**

Amount of Each Receipt this Period  
200.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. MR. DEAN WALSH**

Mailing Address 809 CORTE FRONDOSA

City CAMARILLO	State CA	Zip Code 93010-7416
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation FARMER
-----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : SA12.15887243**

Amount of Each Receipt this Period  
4800.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. MR. BARRY L. WOLFE**

Mailing Address 22578 FLAMINGO ST

City WOODLAND HILLS	State CA	Zip Code 91364-4916
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : SA12.15887239**

Amount of Each Receipt this Period  
5600.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 573 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. KAY HARRIGAN WOODS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3570 JACKSON STREET  
 City SAN FRANCISCO State CA Zip Code 94118-1808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **4800.00**

Date of Receipt **03 / 26 / 2015**  
**Transaction ID : SA12.15887253**  
 Amount of Each Receipt this Period **4800.00**  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MR. JAMES ZALESKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1474 E. MOUNTAIN DRIVE  
 City MONTECITO State CA Zip Code 93108-1245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **VETRONIX CORPORATION** Occupation **FOUNDER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **2300.00**

Date of Receipt **03 / 26 / 2015**  
**Transaction ID : SA12.15887261**  
 Amount of Each Receipt this Period **2300.00**  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MRS. CAROL ZELDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7100 VALJEAN AVENUE  
 City VAN NUYS State CA Zip Code 91406-3901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **200.00**

Date of Receipt **03 / 13 / 2015**  
**Transaction ID : SA12.15887269**  
 Amount of Each Receipt this Period **200.00**  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **0.00**  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 574 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. KENNETH ZELDEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7100 VALJEAN AVE.  
City VAN NUYS State CA Zip Code 91406-3901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HARRIS STATIONERS, INC. Occupation PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : SA12.15887268**  
Amount of Each Receipt this Period 200.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. MR. KARL ZIEGLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 173 BROWN STREET  
City PROVIDENCE State RI Zip Code 02906-1503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SWISHER INTERNATIONAL INC. Occupation BUSINESS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 17400.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA12.15887322**  
Amount of Each Receipt this Period 17400.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MS. MELISSA J. ZIEGLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20 THORNDAL CIRCLE  
City DARIEN State CT Zip Code 06820-5421  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SWISHER INTERNATIONAL Occupation BUSINESS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 14800.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA12.15887284**  
Amount of Each Receipt this Period 14800.00  
JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 575 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. PETER M. ZIEGLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 82 ARROWHEAD WAY

City DARIEN State CT Zip Code 06820-5509

FEC ID number of contributing federal political committee. **C**

Name of Employer SWISHER INTERNATIONAL Occupation VICE PRESIDENT OF STRATEGIC PLANNING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 14800.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA12.15887282**

Amount of Each Receipt this Period 14800.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**B. MRS. MARY KAY ZORDANI**  
Full Name (Last, First, Middle Initial)

Mailing Address INFO REQUESTED

City PALM DESERT State CA Zip Code 92260-

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 03 / 29 / 2015  
**Transaction ID : SA12.15887259**

Amount of Each Receipt this Period 4800.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**C. GENERAL MOTORS PAC (GM PAC)**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 4 SUITE 400

City WASHINGTON State DC Zip Code 20001-1427

FEC ID number of contributing federal political committee. **C** C00076810

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA12.15887285**

Amount of Each Receipt this Period 15000.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 576 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. HCR MANOR CARE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 333 N. SUMMIT STREET  
 P.O. BOX 10086  
 City TOLEDO State OH Zip Code 43604-1531  
 FEC ID number of contributing federal political committee. **C** C00260141  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA12.15887316**  
 Amount of Each Receipt this Period  
 5000.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**B. LABORERS' INTER'L UNION OF NORTH AMERICA (LIUNA) PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 905 16TH ST NW  
 City WASHINGTON State DC Zip Code 20006-1703  
 FEC ID number of contributing federal political committee. **C** C00007922  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA12.15887287**  
 Amount of Each Receipt this Period  
 15000.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

**C. MORONGO BAND OF MISSION INDIANS NATIVE AMERICAN RIGHTS FUND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12700 PUMARRA ROAD  
 City BANNING State CA Zip Code 92220-6977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA12.15887228**  
 Amount of Each Receipt this Period  
 33400.00  
 JFC ATTRIB: BOEHNER FOR SPEAKER  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 577 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. NORFOLK SOUTHERN CORP GOOD GOVT. FUND**

Mailing Address 3 COMMERCIAL PLACE

City NORFOLK State VA Zip Code 23510-2108

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
03 / 26 / 2015  
**Transaction ID : SA12.15887327**

Amount of Each Receipt this Period  
5000.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. OFFICE OF THE COMMISSIONER OF MAJOR LEAGUE BASEBALL PAC**

Mailing Address 1050 CONNECTICUT AVENUE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20036-5318

FEC ID number of contributing federal political committee. **C** C00368142

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 26 / 2015  
**Transaction ID : SA12.15887291**

Amount of Each Receipt this Period  
5000.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. PINNACLE WEST CORPORATION PAC**

Mailing Address 400 N. 5TH STREET  
SUITE 610

City PHOENIX State AZ Zip Code 85004-3902

FEC ID number of contributing federal political committee. **C** C00015933

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
03 / 26 / 2015  
**Transaction ID : SA12.15887288**

Amount of Each Receipt this Period  
15000.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 578 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. POWER PAC EDISON ELECTRIC INSTITUTE**

Mailing Address 701 PENNSYLVANIA AVE. NW  
SUITE 214

City WASHINGTON State DC Zip Code 20004-2608

FEC ID number of contributing federal political committee. **C** C00095869

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
03 / 09 / 2015  
**Transaction ID : SA12.15887286**

Amount of Each Receipt this Period  
15000.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. SALT RIVER PIMA-MARICOPA INDIAN**

Mailing Address 10005 E. OSBORN ROAD

City SCOTTSDALE State AZ Zip Code 85256-4019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
32400.00

Date of Receipt  
03 / 26 / 2015  
**Transaction ID : SA12.15887226**

Amount of Each Receipt this Period  
32400.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. SYCUAN BAND OF THE KUMEYAAY NATION**

Mailing Address 5459 SYCUAN ROAD

City EL CAJON State CA Zip Code 92019-1821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
03 / 23 / 2015  
**Transaction ID : SA12.15887229**

Amount of Each Receipt this Period  
33400.00

JFC ATTRIB: BOEHNER FOR SPEAKER

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 579 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. DENHAM VICTORY FUND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2150 RIVER PLAZA DRIVE, #150

City SACRAMENTO	State CA	Zip Code 95833-4131
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00496018

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 28650.22

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA12.15881307**

Amount of Each Receipt this Period  
28650.22

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B. MR. DARIUS ASSEMI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1396 WEST HERNDON AVENUE  
SUITE 101

City FRESNO	State CA	Zip Code 93711-7126
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer GRANVILLE HOMES	Occupation PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 33400.00

Date of Receipt  
03 / 12 / 2015  
**Transaction ID : SA12.15885901**

Amount of Each Receipt this Period  
33400.00

JFC ATTRIB: DENHAM VICTORY FUND

**[MEMO ITEM]**

**C. HARPER MAJORITY FUND**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 80

City JACKSON	State MS	Zip Code 39205-0080
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00494484

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 14600.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA12.15878421**

Amount of Each Receipt this Period  
14600.00

TRANSFER OF JOINT FUNDRAISING PROCEEDS

<b>SUBTOTAL</b> of Receipts This Page (optional).....	43250.22
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 580 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. MICHAEL E. JOHNSON</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2015 <b>Transaction ID : SA12.15882139</b>
Mailing Address PO BOX 12004		Amount of Each Receipt this Period 14600.00
City JACKSON	State MS	Zip Code 39236-2004
FEC ID number of contributing federal political committee. C	JFC ATTRIB: HARPER MAJORITY FUND	
Name of Employer LANDMARK HOMES	Occupation OWNER	<b>[MEMO ITEM]</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 14600.00	

Full Name (Last, First, Middle Initial) <b>B. HUDSON FREEDOM FUND</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA12.15881310</b>
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Receipt this Period 14578.73
City ALEXANDRIA	State VA	Zip Code 22314-5404
FEC ID number of contributing federal political committee. C C00548818	TRANSFER OF JOINT FUNDRAISING PROCEEDS	
Name of Employer	Occupation	<b>[MEMO ITEM]</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 14578.73	

Full Name (Last, First, Middle Initial) <b>C. MR. JOSEPH R. HENDRICK III</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : SA12.15882820</b>
Mailing Address 6000 MONROE ROAD		Amount of Each Receipt this Period 14600.00
City CHARLOTTE	State NC	Zip Code 28212-6119
FEC ID number of contributing federal political committee. C	JFC ATTRIB: HUDSON FREEDOM FUND	
Name of Employer HENDRICK AUTOMOTIVE GROUP	Occupation EXECUTIVE	<b>[MEMO ITEM]</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 14600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	14578.73
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 581 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MCCARTHY VICTORY FUND 2014**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 30844  
City BETHESDA State MD Zip Code 20824-0844  
FEC ID number of contributing federal political committee. **C** C00541011  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 527782.15

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA12.15878423**  
Amount of Each Receipt this Period 527782.15  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B. MR. ANDREW F. BARTH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2200 CHAUCER ROAD 53RD FLOOR  
City SAN MARINO State CA Zip Code 91108-1314  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation CAPITAL GROUP COMPANIES INVESTMENT MANAGEMENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA12.15892598**  
Amount of Each Receipt this Period 33400.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**C. MR. GLEN E. BICKERSTAFF**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3082 BURNEY PLACE  
City LOS ALAMITOS State CA Zip Code 90720-4007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation TRUST COMPANY OF THE WEST VICE CHAIRMAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4832.52

Date of Receipt 03 / 10 / 2015  
**Transaction ID : SA12.15892585**  
Amount of Each Receipt this Period 4832.52  
JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 527782.15  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 582 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. HERBERT F. BOECKMANN II**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15505 ROSCOE BOULEVARD  
City NORTH HILLS State CA Zip Code 91343-6503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GALPIN MOTORS INC Occupation OWNER/PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 03 / 09 / 2015  
Transaction ID : SA12.15892584  
Amount of Each Receipt this Period 2700.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**B. MR. KELLY BURT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10920 VIA FRONTERA  
City POWAY State CA Zip Code 92064-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TRES-DAC/PRICE HOLDINGS Occupation SMALL BUSINESS OWNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 9600.00

Date of Receipt 02 / 23 / 2015  
Transaction ID : SA12.15892587  
Amount of Each Receipt this Period 9600.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**C. MR. DALE L. DYKEMA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1969 VISTA CAUDAL  
City SANTA ANA State CA Zip Code 92705-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer T.D. SERVICE FINANCIAL CORPORATION Occupation CHAIRMAN & C.E.O.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 23 / 2015  
Transaction ID : SA12.15892582  
Amount of Each Receipt this Period 400.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 583 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. JOHN J. FISHER**

Mailing Address 110 PACIFIC AVENUE  
SUITE 147

City State Zip Code  
SAN FRANCISCO CA 94111-1962

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PISCES, INC. INVESTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2015

Transaction ID : **SA12.15892609**

Amount of Each Receipt this Period  
33400.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. MRS. LAURA M. FISHER**

Mailing Address 110 PACIFIC AVENUE  
SUITE 147

City State Zip Code  
SAN FRANCISCO CA 94111-1962

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2015

Transaction ID : **SA12.15892610**

Amount of Each Receipt this Period  
33400.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. MRS. BARBARA M. GRIMM-MARSHALL**

Mailing Address 7158 BUENA VISTA ROAD

City State Zip Code  
BAKERSFIELD CA 93311-9425

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GRIMMWAY ENTERPRISES OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2015

Transaction ID : **SA12.15892604**

Amount of Each Receipt this Period  
33400.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 584 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. BRYAN GRIMM**  
Full Name (Last, First, Middle Initial)

Mailing Address 7158 BUENA VISTA ROAD

City BAKERSFIELD	State CA	Zip Code 93311-9425
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer GRIMMWAY FARMS	Occupation FARM PRODUCING MANAGER
------------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

**Transaction ID : SA12.15892605**

Amount of Each Receipt this Period  

33400.00
----------

**JFC ATTRIB: MCCARTHY VICTORY FUND**

**[MEMO ITEM]**

**B. MR. MICHAEL K. HAYDE**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 EXECUTIVE CIRCLE

City IRVINE	State CA	Zip Code 92614-6746
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WESTERN NATIONAL GROUP	Occupation CHIEF EXECUTIVE OFFICER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : SA12.15892596**

Amount of Each Receipt this Period  

33400.00
----------

**JFC ATTRIB: MCCARTHY VICTORY FUND**

**[MEMO ITEM]**

**C. MR. FREDERICK HITCHCOCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 9101 ALTA DRIVE  
UNIT 1702

City LAS VEGAS	State NV	Zip Code 89145-8545
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HITCHCOK AUTOMOTIVE RESOURCES	Occupation AUTO DEALER
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

**Transaction ID : SA12.15892583**

Amount of Each Receipt this Period  

400.00
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**JFC ATTRIB: MCCARTHY VICTORY FUND**

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 585 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. DEBBIE JENKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 1835

City IDAHO FALLS	State ID	Zip Code 83403-1835
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 33400.00	

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2015  
**Transaction ID : SA12.15892600**

Amount of Each Receipt this Period  
33400.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

**B. MR. TY JENKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 1835

City IDAHO FALLS	State ID	Zip Code 83403-1835
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer DOCUTECH	Occupation OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 33400.00	

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2015  
**Transaction ID : SA12.15892603**

Amount of Each Receipt this Period  
33400.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

**C. MR. FRANKLIN P. JOHNSON JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1411 EDGEWOOD DRIVE  
SUITE 200

City PALO ALTO	State CA	Zip Code 94301-3118
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer ASSET MANAGEMENT CO.	Occupation FOUNDING PARTN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9600.00	

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2015  
**Transaction ID : SA12.15892588**

Amount of Each Receipt this Period  
9600.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 586 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MRS. LAURA A. KHOURI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1944 W LA VETA AVE  
 City IRVINE State CA Zip Code 92614-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WESTERN NATIONAL GROUP Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA12.15892602**  
 Amount of Each Receipt this Period  
 33400.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**B. MRS. DIANE S. LAKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 TAM O'SHANTER DRIVE  
 City BAKERSFIELD State CA Zip Code 93309-2455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA12.15892607**  
 Amount of Each Receipt this Period  
 33400.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

**C. MR. ROBERT J. LOWE JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11777 SAN VICENTE BOULEVARD SUITE 900  
 City LOS ANGELES State CA Zip Code 90049-5084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LOWE ENTERPRISES Occupation CHAIRMAN & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 13900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA12.15892593**  
 Amount of Each Receipt this Period  
 13900.00  
 JFC ATTRIB: MCCARTHY VICTORY FUND  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 587 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DARCY C. MARSHALL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7158 BUENA VISTA ROAD  
City BAKERSFIELD State CA Zip Code 93311-9425  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 03 / 18 / 2015  
Transaction ID : SA12.15892606  
Amount of Each Receipt this Period 33400.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**B. MR. THOMAS MCKERNAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1070 FALLEN LEAF ROAD  
City ARCADIA State CA Zip Code 91006-1903  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 02 / 23 / 2015  
Transaction ID : SA12.15892597  
Amount of Each Receipt this Period 33400.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**C. MR. JAMES R. PARKS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10474 SANTA MONICA BLVD. SUITE 200  
City LOS ANGELES State CA Zip Code 90025-6930  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CBIZ MHM LLC Occupation PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 03 / 13 / 2015  
Transaction ID : SA12.15892601  
Amount of Each Receipt this Period 33400.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 588 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MS. NAINA PATEL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6501 TRUXTUN AVENUE  
City BAKERSFIELD State CA Zip Code 93309-0633  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CBCC Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 11500.00

Date of Receipt 03 / 18 / 2015  
Transaction ID : SA12.15892591  
Amount of Each Receipt this Period 11500.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**B. DR. RAVI PATEL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4100 TRUXTUN AVE STE 306  
City BAKERSFIELD State CA Zip Code 93309-0657  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CBCC Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 11500.00

Date of Receipt 03 / 18 / 2015  
Transaction ID : SA12.15892592  
Amount of Each Receipt this Period 11500.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**C. MR. ANTHONY PRITZKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11111 SANTA MONICA BLVD. #1650  
City LOS ANGELES State CA Zip Code 90025-3350  
FEC ID number of contributing federal political committee. **C**  
Name of Employer THE PRITZKER GROUP Occupation MANAGING PARTNER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 33400.00

Date of Receipt 03 / 09 / 2015  
Transaction ID : SA12.15892599  
Amount of Each Receipt this Period 33400.00  
JFC ATTRIB: MCCARTHY VICTORY FUND  
[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... 0.00  
**TOTAL** This Period (last page this line number only).....

**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)	PAGE 589 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. CHARLES R. SCHWAB**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 192861

City SAN FRANCISCO	State CA	Zip Code 94119-2861
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CHARLES SCHWAB & COMPANY INC.	Occupation CHAIRMAN
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
38200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

**Transaction ID : SA12.15892595**

Amount of Each Receipt this Period  
33000.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

**B. MR. GEORGE SPIX**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 MICROSOFT WAY

City REDMOND	State WA	Zip Code 98052-
-----------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MICROSOFT	Occupation ENGINEER
-------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
14600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

**Transaction ID : SA12.15892594**

Amount of Each Receipt this Period  
14600.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

**C. MR. GLENN B. STEARNS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3465 NORTH PINES WAY  
3465 NORTH PINES WAY SUITE 104 PMB

City WILSON	State WY	Zip Code 83014-9127
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer STEARNS LENDING, INC.	Occupation MORTGAGE LENDER
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : SA12.15892589**

Amount of Each Receipt this Period  
11500.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 590 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MS. MELINDA STEARNS**

Mailing Address 3185 TUCKER RANCH ROAD

City WILSON State WY Zip Code 83014-9703

FEC ID number of contributing federal political committee. **C**

Name of Employer MIVA PRODUCTIONS Occupation ENTERTAINER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 11500.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : SA12.15892590**

Amount of Each Receipt this Period 11500.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. MR. GREGORY W. WENDT**

Mailing Address 1 MARKET STREET STEWART TOWER 2000

City SAN FRANCISCO State CA Zip Code 94105-1411

FEC ID number of contributing federal political committee. **C**

Name of Employer CAPITAL RESEARCH COMPANY Occupation FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : SA12.15892608**

Amount of Each Receipt this Period 33400.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. WPX ENERGY, INC PAC**

Mailing Address 16827 EYE ST NW SUITE 900

City WASHINGTON State DC Zip Code 20006-

FEC ID number of contributing federal political committee. **C C00502518**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 01 / 16 / 2015  
**Transaction ID : SA12.15892586**

Amount of Each Receipt this Period 5000.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 591 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. YOCHA DEHE WINTUN NATION**

Mailing Address 18960 COUNTY ROAD 75A  
P.O. BOX 18

City State Zip Code  
BROOKS CA 95606-0018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2015  
**Transaction ID : SA12.15892611**

Amount of Each Receipt this Period  
33400.00

JFC ATTRIB: MCCARTHY VICTORY FUND

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. MCHENRY LEADERSHIP FUND**

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code  
ALEXANDRIA VA 22314-5404

FEC ID number of contributing federal political committee. **C** C00544650

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
292.68

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2015  
**Transaction ID : SA12.15878422**

Amount of Each Receipt this Period  
292.68

TRANSFER OF JOINT FUNDRAISING PROCEEDS

DONORS PREVIOUSLY DISCLOSED

Full Name (Last, First, Middle Initial)  
**C. NUNNELEE JOINT FUNDRAISING COMMITTEE**

Mailing Address PO BOX 7092

City State Zip Code  
TUPELO MS 38802-7092

FEC ID number of contributing federal political committee. **C** C00536623

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5176.78

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2015  
**Transaction ID : SA12.15878420**

Amount of Each Receipt this Period  
5176.78

TRANSFER OF JOINT FUNDRAISING PROCEEDS

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5469.46
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 592 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. BILL D. BUFFINGTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12 ASTON GARDENS DR.  
City JACKSON State MS Zip Code 39211-4276  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation WIRELESS COMMUNICATIONS CONSULTANT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 200.00

Date of Receipt 08 / 29 / 2014  
Transaction ID : SA12.15882138  
Amount of Each Receipt this Period 200.00  
JFC ATTRIB: NUNNELEE JOINT FUNDRAISING COMMITTEE  
**[MEMO ITEM]**

**B. MRS. MARY C. MILLS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 602 CRESCENT PLACE STE 100  
City RIDGELAND State MS Zip Code 39157-8676  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HOMEMAKER Occupation HOMEMAKER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt 06 / 30 / 2014  
Transaction ID : SA12.15882137  
Amount of Each Receipt this Period 2500.00  
JFC ATTRIB: NUNNELEE JOINT FUNDRAISING COMMITTEE  
**[MEMO ITEM]**

**C. MR. RICHARD H. MILLS JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 602 CRESCENT PLACE, STE 100 SUITE 100  
City RIDGELAND State MS Zip Code 39157-8676  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TELLUS OPERATING GROUP Occupation MANAGER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt 06 / 30 / 2014  
Transaction ID : SA12.15882136  
Amount of Each Receipt this Period 2500.00  
JFC ATTRIB: NUNNELEE JOINT FUNDRAISING COMMITTEE  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 593 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. ROYCE VICTORY FUND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 228 S. WASHINGTON ST. STE 115

City ALEXANDRIA	State VA	Zip Code 22314-5404
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00571547

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
22930.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : SA12.15881260**

Amount of Each Receipt this Period  

22930.58
----------

**TRANSFER OF JOINT FUNDRAISING PROCEEDS**

**B. MR. FRANK P. GREINKE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1800 WEST KATELLA AVENUE

City ORANGE	State CA	Zip Code 92867-3449
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SC FUELS	Occupation C.E.O.
------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
19800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2015

**Transaction ID : SA12.15887213**

Amount of Each Receipt this Period  

9800.00
---------

**JFC ATTRIB: ROYCE VICTORY FUND**

**[MEMO ITEM]**

**C. MR. B. HELLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 320845

City ALEXANDRIA	State VA	Zip Code 22320-4845
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE
-----------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
14600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2015

**Transaction ID : SA12.15887212**

Amount of Each Receipt this Period  

14600.00
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**JFC ATTRIB: ROYCE VICTORY FUND**

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	22930.58
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 594 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. SCALISE LEADERSHIP FUND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00568162  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 323915.95

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA12.15878424**  
 Amount of Each Receipt this Period 148243.60  
**TRANSFER OF JOINT FUNDRAISING PROCEEDS**

**B. MR. DONALD T. BOLLINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 250  
 City LOCKPORT State LA Zip Code 70374-0250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation BOLLINGER SHIPYARDS, INC. CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 89600.00

Date of Receipt 02 / 02 / 2015  
**Transaction ID : SA12.15887218**  
 Amount of Each Receipt this Period 33400.00  
**JFC ATTRIB: SCALISE LEADERSHIP FUND**  
**[MEMO ITEM]**

**C. MS. ALLISON BRADY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3535 S MOORING WAY  
 City MIAMI State FL Zip Code 33133-6519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation SELF-EMPLOYED PHILANTHROPIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 02 / 25 / 2015  
**Transaction ID : SA12.15887217**  
 Amount of Each Receipt this Period 33400.00  
**JFC ATTRIB: SCALISE LEADERSHIP FUND**  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	148243.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 595 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. GARY CHOUEST**

Mailing Address P.O. BOX 310

City State Zip Code  
GALLIANO LA 70354-0310

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EDISON CHOUEST OFFSHORE SHIP OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
129400.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2015  
**Transaction ID : SA12.15887219**

Amount of Each Receipt this Period  
33400.00

JFC ATTRIB: SCALISE LEADERSHIP FUND

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. MR. PAUL H. FLOWER**

Mailing Address 1000 S JEFFERSON DAVIS PKWY

City State Zip Code  
NEW ORLEANS LA 70125-1219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WOODWARD DESIGN BUILD PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4600.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2015  
**Transaction ID : SA12.15887222**

Amount of Each Receipt this Period  
4600.00

JFC ATTRIB: SCALISE LEADERSHIP FUND

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. MR. SHANE GUIDRY**

Mailing Address 701 POYDRAS STREET

City State Zip Code  
NEW ORLEANS LA 70139-6001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HARVEY GULF CHAIRMAN & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39600.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2015  
**Transaction ID : SA12.15887224**

Amount of Each Receipt this Period  
33400.00

JFC ATTRIB: SCALISE LEADERSHIP FUND

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 596 OF 756
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. JOHN L. NAU III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3690 INWOOD DRIVE  
 City HOUSTON State TX Zip Code 77019-3024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SILVER EAGLE DISTRIBUTORS, INC. Occupation PRESIDENT, C.E.O.  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 14600.00

Date of Receipt 02 / 27 / 2015  
**Transaction ID : SA12.15887221**  
 Amount of Each Receipt this Period 14600.00  
 JFC ATTRIB: SCALISE LEADERSHIP FUND  
**[MEMO ITEM]**

**B. MR. JOHN G. RANGOS SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 OSPREY POINT CIRCLE  
 City BOCA RATON State FL Zip Code 33431-5245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 16600.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA12.15887220**  
 Amount of Each Receipt this Period 14600.00  
 JFC ATTRIB: SCALISE LEADERSHIP FUND  
**[MEMO ITEM]**

**C. MR. SAMMY R. ZITO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 732 RURAL STREET  
 City NEW ORLEANS State LA Zip Code 70123-3660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ZITO COMPANIES Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 14600.00

Date of Receipt 01 / 28 / 2015  
**Transaction ID : SA12.15887223**  
 Amount of Each Receipt this Period 14600.00  
 JFC ATTRIB: SCALISE LEADERSHIP FUND  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	1728328.18

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 597 OF 756  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. CHAIN BRIDGE BANK, N.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1445 A - LAUGHLIN AVENUE  
 City State Zip Code  
 MCLEAN VA 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 7000000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA13.001**  
 Amount of Each Receipt this Period  
 7000000.00  
 DRAW ON LINE OF CREDIT  
 PAID IN FULL 3/31/2015

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7000000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7000000.00

**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)	PAGE 598 OF 756
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. MR. JAMES C. FLORES</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015
Mailing Address P.O.BOX 1083		<b>Transaction ID : SA17.15894280</b>
City HOUSTON	State TX	Zip Code 77251-1083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100200.00
Name of Employer PLAINS EXPLORATION AND PRODUCTION	Occupation CHAIRMAN, PRESIDENT, AND CEO	CONTRIBUTION - BUILDING FUND
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100200.00	<b>[MEMO ITEM]</b> REDESIGNATION FROM FEDERAL FUND

Full Name (Last, First, Middle Initial) <b>B. MR. JAMES C. FLORES</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015
Mailing Address P.O.BOX 1083		<b>Transaction ID : SA17.15894282</b>
City HOUSTON	State TX	Zip Code 77251-1083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100200.00
Name of Employer PLAINS EXPLORATION AND PRODUCTION	Occupation CHAIRMAN, PRESIDENT, AND CEO	CONTRIBUTION - RECOUNT FUND
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100200.00	<b>[MEMO ITEM]</b> REDESIGNATION FROM FEDERAL FUND

Full Name (Last, First, Middle Initial) <b>C. SCALISE LEADERSHIP FUND</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2015
Mailing Address PO BOX 9891		<b>Transaction ID : SA17.15878425</b>
City ARLINGTON	State VA	Zip Code 22219-1891
FEC ID number of contributing federal political committee. C C00568162		Amount of Each Receipt this Period 129020.81
Name of Employer	Occupation	TRANSFER OF JOINT FUNDRAISING PROCEEDS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323915.95	RECOUNT FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	129020.81
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 599 OF 756
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. MR. DONALD T. BOLLINGER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 250

City LOCKPORT State LA Zip Code 70374-0250

FEC ID number of contributing federal political committee. **C**

Name of Employer BOLLINGER SHIPYARDS, INC. Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
89600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2015  
**Transaction ID : SA17.15887214**

Amount of Each Receipt this Period  
 56200.00

JFC ATTRIB: SCALISE LEADERSHIP FUND

**[MEMO ITEM]  
RECOUNT FUND**

**B. MR. GARY CHOUET**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 310

City GALLIANO State LA Zip Code 70354-0310

FEC ID number of contributing federal political committee. **C**

Name of Employer EDISON CHOUET OFFSHORE Occupation SHIP OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
129400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA17.15887215**

Amount of Each Receipt this Period  
 96000.00

JFC ATTRIB: SCALISE LEADERSHIP FUND

**[MEMO ITEM]  
RECOUNT FUND**

**C. MR. SHANE GUIDRY**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 POYDRAS STREET

City NEW ORLEANS State LA Zip Code 70139-6001

FEC ID number of contributing federal political committee. **C**

Name of Employer HARVEY GULF Occupation CHAIRMAN & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA17.15887216**

Amount of Each Receipt this Period  
 6200.00

JFC ATTRIB: SCALISE LEADERSHIP FUND

**[MEMO ITEM]  
RECOUNT FUND**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 600 OF 756
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NRCC**

**A. JAY GRAHAM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11902 COBBLESTONE  
City HOUSTON State TX Zip Code 77024-5003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WILDHORSE RESOURCES Occupation PRESIDENT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 16600.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA17.15874696**  
Amount of Each Receipt this Period 16600.00  
CONTRIBUTION - RECOUNT FUND

**B. MR. DAVID G. HERRO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 65 E. GOETHE STREET, APT. 3W  
City CHICAGO State IL Zip Code 60610-7260  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HARRIS ASSOCIATES, LP Occupation INVESTMENT MANAGER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 16600.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA17.15878417**  
Amount of Each Receipt this Period 16600.00  
CONTRIBUTION - BUILDING FUND

**C. MR. AL G. HILL JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47 HIGHLAND PARK VLG STE 200  
City DALLAS State TX Zip Code 75205-2786  
FEC ID number of contributing federal political committee. **C**  
Name of Employer A.G. HILL PARTNERS Occupation INVESTMENTS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 10000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA17.15881336**  
Amount of Each Receipt this Period 10000.00  
CONTRIBUTION - BUILDING FUND

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 43200.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 601 OF 756
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MR. ANTON SCHMIDT**

Mailing Address **7324WESTMORE RD**

City **ROCKVILLE** State **MD** Zip Code **20850-1260**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  
**03 / 20 / 2015**  
**Transaction ID : SA17.15885871**

Amount of Each Receipt this Period  
**-25.00**

**CONTRIBUTION - RECOUNT FUND**

**CHARGED BACK**

Full Name (Last, First, Middle Initial)  
**B. CHOCTAW NATION OF OKLAHOMA**

Mailing Address **P.O. BOX 1210**

City **DURANT** State **OK** Zip Code **74702-1210**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **32400.00**

Date of Receipt  
**03 / 25 / 2015**  
**Transaction ID : SA17.15872657**

Amount of Each Receipt this Period  
**32400.00**

**CONTRIBUTION - BUILDING FUND**

Full Name (Last, First, Middle Initial)  
**C. AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC**

Mailing Address **1501 M STREET, NW SUITE 300**

City **WASHINGTON** State **DC** Zip Code **20005-1736**

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **45000.00**

Date of Receipt  
**03 / 31 / 2015**  
**Transaction ID : SA17.15881311**

Amount of Each Receipt this Period  
**45000.00**

**CONTRIBUTION - BUILDING FUND**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **77375.00**

**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 602 OF 756
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. BURLINGTON NORTHERN SANTA FE RAILPAC (BNSF)**

Mailing Address 1001 G STREET NW

City WASHINGTON State DC Zip Code 20001-4545

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA17.15852989**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION - BUILDING FUND

Full Name (Last, First, Middle Initial)  
**B. HEALTHCARE FREEDOM FUND**

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C C00528414**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA17.15872658**

Amount of Each Receipt this Period  
 33400.00

CONTRIBUTION - BUILDING FUND

Full Name (Last, First, Middle Initial)  
**C. TEXAS BANKERS ASSOCIATION-BANKERS POLITICAL ACTION**

Mailing Address 203 W. 10TH STREET

City AUSTIN State TX Zip Code 78701-2321

FEC ID number of contributing federal political committee. **C C00196444**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA17.15854751**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION - BUILDING FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 603 OF 756  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. TURKISH COALITION USA PAC**

Mailing Address 1025 CONNECTICUT AVE NW  
STE 1000

City WASHINGTON State DC Zip Code 20036-5417

FEC ID number of contributing federal political committee. **C** C00432526

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA17.15882818**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION - RECOUNT FUND

Full Name (Last, First, Middle Initial)  
**B. TURKISH COALITION NEW JERSEY PAC**

Mailing Address 1200 ROUTE 22 EAST

City BRIDGEWATER State NJ Zip Code 08807-2943

FEC ID number of contributing federal political committee. **C** C00487181

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA17.15882819**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION - RECOUNT FUND

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	300495.81

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. DAMIAN ARIAS**

Mailing Address 320 FIRST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : **SB21-0.042492**

Amount of Each Disbursement this Period

1188.53

Full Name (Last, First, Middle Initial)

**B. DAMIAN ARIAS**

Mailing Address 320 FIRST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : **SB21-0.042627**

Amount of Each Disbursement this Period

1188.53

Full Name (Last, First, Middle Initial)

**C. FREDERIC BARNES**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : **SB21-0.042493**

Amount of Each Disbursement this Period

1056.41

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3433.47

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. FREDERIC BARNES**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042628**

Amount of Each Disbursement this Period

1038.51

Full Name (Last, First, Middle Initial)

**B. CREIGH BEHNKE**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042494**

Amount of Each Disbursement this Period

3026.00

Full Name (Last, First, Middle Initial)

**C. CREIGH BEHNKE**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042629**

Amount of Each Disbursement this Period

3026.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7090.51

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. JONATHAN BENNETT**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042495**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JONATHAN BENNETT**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042630**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ALEXANDER BOEDIGHEIMER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042496**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ALEXANDER BOEDIGHEIMER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042631**

Amount of Each Disbursement this Period

1111.88

Full Name (Last, First, Middle Initial)

**B. RYAN BROWN**

Mailing Address 1255 UNIVERSITY AVE., #217

City SACRAMENTO State CA Zip Code 95825

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

Transaction ID : **SB21-0.042576**

Amount of Each Disbursement this Period

167.84

Full Name (Last, First, Middle Initial)

**C. RYAN BROWN**

Mailing Address 1255 UNIVERSITY AVE., #217

City SACRAMENTO State CA Zip Code 95825

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : **SB21-0.042618**

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1429.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER BROYLES**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042497**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER BROYLES**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042632**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PORTER BYERS**

Mailing Address 320 1ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042633**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

### A. MICHAEL BYRD

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : SB21-0.042498

Amount of Each Disbursement this Period

1555.42

Category/  
Type

Full Name (Last, First, Middle Initial)

### B. MICHAEL BYRD

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SB21-0.042634

Amount of Each Disbursement this Period

1260.53

Category/  
Type

Full Name (Last, First, Middle Initial)

### C. ERIM V CANLIGIL

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : SB21-0.042499

Amount of Each Disbursement this Period

1805.32

Category/  
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4621.27

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ERIM V CANLIGIL**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : **SB21-0.042635**

Amount of Each Disbursement this Period

1789.92

Full Name (Last, First, Middle Initial)

**B. MADESEN CARTER**

Mailing Address 904 BRAVE TRAIL

City TALLAHASSEE State FL Zip Code 32304

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : **SB21-0.042465**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. DANIEL CHIASSON**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : **SB21-0.042500**

Amount of Each Disbursement this Period

1553.04

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3542.96

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. DANIEL CHIASSON**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042636**

Amount of Each Disbursement this Period

1553.04

Full Name (Last, First, Middle Initial)

**B. ANNA CONRAD**

Mailing Address 32 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042501**

Amount of Each Disbursement this Period

1204.05

Full Name (Last, First, Middle Initial)

**C. ANNA CONRAD**

Mailing Address 32 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042637**

Amount of Each Disbursement this Period

1022.98

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3780.07

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. KATE CONSTANINI**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042502**

Amount of Each Disbursement this Period

1221.03

Full Name (Last, First, Middle Initial)

**B. KATE CONSTANINI**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042638**

Amount of Each Disbursement this Period

1221.03

Full Name (Last, First, Middle Initial)

**C. MARY CORLEY**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042503**

Amount of Each Disbursement this Period

1211.20

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3653.26

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. MARY CORLEY**

Date of Disbursement  
MM / DD / YYYY  
03 / 31 / 2015

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21-0.042639**

Amount of Each Disbursement this Period  
1211.20

Category/Type

Full Name (Last, First, Middle Initial)  
**B. JOHN R CRISCUOLO**

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2015

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21-0.042504**

Amount of Each Disbursement this Period  
1050.50

Category/Type

Full Name (Last, First, Middle Initial)  
**C. JOHN R CRISCUOLO**

Date of Disbursement  
MM / DD / YYYY  
03 / 31 / 2015

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21-0.042640**

Amount of Each Disbursement this Period  
1050.50

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3312.20

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

### A. LUCY CROXTON

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : SB21-0.042505

Amount of Each Disbursement this Period

3026.00

Full Name (Last, First, Middle Initial)

### B. LUCY CROXTON

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SB21-0.042641

Amount of Each Disbursement this Period

3026.00

Full Name (Last, First, Middle Initial)

### C. MEGAN CUMMINGS

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : SB21-0.042506

Amount of Each Disbursement this Period

3739.65

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

9791.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MEGAN CUMMINGS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042642**

Amount of Each Disbursement this Period

3725.69

Full Name (Last, First, Middle Initial)

**B. JAMES DAVIDHIZAR**

Mailing Address 320 FIRST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042507**

Amount of Each Disbursement this Period

1352.81

Full Name (Last, First, Middle Initial)

**C. JAMES DAVIDHIZAR**

Mailing Address 320 FIRST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042643**

Amount of Each Disbursement this Period

1337.73

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6416.23

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. JORDAN N DAVIS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042508**

Amount of Each Disbursement this Period

3934.04

Full Name (Last, First, Middle Initial)

**B. JORDAN N DAVIS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042644**

Amount of Each Disbursement this Period

3934.04

Full Name (Last, First, Middle Initial)

**C. PAIGE DAVIS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042509**

Amount of Each Disbursement this Period

1777.41

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9645.49



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. PAIGE DAVIS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042645**

Amount of Each Disbursement this Period

1762.32

Full Name (Last, First, Middle Initial)

**B. TIM DEROCHER**

Mailing Address 2454 HOFFMAN ST., APT 1A  
APT 2G

City BRONX State NY Zip Code 10458

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

Transaction ID : **SB21-0.042446**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C. LAUREN DEVOLL**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042510**

Amount of Each Disbursement this Period

1438.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3350.32

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. LAUREN DEVOLL**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SB21-0.042646**

Amount of Each Disbursement this Period

1387.54

Full Name (Last, First, Middle Initial)

**B. ALEXI DONOVAN**

Mailing Address 320 FIRST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : SB21-0.042511**

Amount of Each Disbursement this Period

1285.53

Full Name (Last, First, Middle Initial)

**C. ALEXI DONOVAN**

Mailing Address 320 FIRST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SB21-0.042647**

Amount of Each Disbursement this Period

1285.53

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3958.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. DAVID DRY**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042512**

Amount of Each Disbursement this Period

958.33

Full Name (Last, First, Middle Initial)

**B. DAVID DRY**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042648**

Amount of Each Disbursement this Period

958.33

Full Name (Last, First, Middle Initial)

**C. RICHARD S DUNN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042513**

Amount of Each Disbursement this Period

2612.69

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4529.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. RICHARD S DUNN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.042649**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. MICHAEL ESCOTO**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.042650**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. STEPHEN EVENSON**

Mailing Address 4463 SNAIL LAKE BLVD.

City SHOREVIEW State MN Zip Code 55126

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.042620**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. KENNETH FARNASO**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : **SB21-0.042514**

Amount of Each Disbursement this Period

1281.09

Full Name (Last, First, Middle Initial)

**B. KENNETH FARNASO**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : **SB21-0.042651**

Amount of Each Disbursement this Period

1281.09

Full Name (Last, First, Middle Initial)

**C. BRETT FIELD**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : **SB21-0.042652**

Amount of Each Disbursement this Period

1337.69

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3899.87

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. DANIEL FISHER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042515**

Amount of Each Disbursement this Period

1424.03

Full Name (Last, First, Middle Initial)

**B. DANIEL FISHER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042653**

Amount of Each Disbursement this Period

1424.03

Full Name (Last, First, Middle Initial)

**C. KIRSTEN FOSTER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042516**

Amount of Each Disbursement this Period

1285.53

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4133.59

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

### A. KIRSTEN FOSTER

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SB21-0.042654

Amount of Each Disbursement this Period

1285.53

Full Name (Last, First, Middle Initial)

### B. CAITLIN FRANKLIN

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : SB21-0.042566

Amount of Each Disbursement this Period

1344.33

Full Name (Last, First, Middle Initial)

### C. CAITLIN FRANKLIN

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SB21-0.042704

Amount of Each Disbursement this Period

1326.43

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3956.29

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CAMILLE GALLO**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : SB21-0.042518**

Amount of Each Disbursement this Period

1647.16

Full Name (Last, First, Middle Initial)

**B. CAMILLE GALLO**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SB21-0.042656**

Amount of Each Disbursement this Period

1646.54

Full Name (Last, First, Middle Initial)

**C. SARAH GERARD**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : SB21-0.042519**

Amount of Each Disbursement this Period

1628.95

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4922.65



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

### A. SARAH GERARD

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SB21-0.042657

Amount of Each Disbursement this Period

1628.95

Full Name (Last, First, Middle Initial)

### B. ASHLEIGH GRANT

Mailing Address 320 FIRST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : SB21-0.042520

Amount of Each Disbursement this Period

1886.92

Full Name (Last, First, Middle Initial)

### C. ASHLEIGH GRANT

Mailing Address 320 FIRST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SB21-0.042658

Amount of Each Disbursement this Period

1886.92

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5402.79

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. BRIDGET GRIBBIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : **SB21-0.042521**

Amount of Each Disbursement this Period

788.74

Full Name (Last, First, Middle Initial)

**B. BRIDGET GRIBBIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : **SB21-0.042659**

Amount of Each Disbursement this Period

788.74

Full Name (Last, First, Middle Initial)

**C. GEORGE G GRIFFIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : **SB21-0.042522**

Amount of Each Disbursement this Period

3300.31

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4877.79

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. GEORGE G GRIFFIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042660**

Amount of Each Disbursement this Period

3257.20

Full Name (Last, First, Middle Initial)

**B. JOSIAH GROSS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042523**

Amount of Each Disbursement this Period

1618.17

Full Name (Last, First, Middle Initial)

**C. JOSIAH GROSS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042661**

Amount of Each Disbursement this Period

1600.58

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6475.95

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. LAUREN HAMEL**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042524**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. LAUREN HAMEL**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042662**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CATHERINE HANSEN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042525**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CATHERINE HANSEN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042663**

Amount of Each Disbursement this Period

660.44

Full Name (Last, First, Middle Initial)

**B. KARA HAUCK**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042664**

Amount of Each Disbursement this Period

784.86

Full Name (Last, First, Middle Initial)

**C. ZACHARY HUBERTY**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042526**

Amount of Each Disbursement this Period

2129.10

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3574.40

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ZACHARY HUBERTY**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SB21-0.042665

Amount of Each Disbursement this Period

2114.38

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. GRACE HUFFMAN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : SB21-0.042527

Amount of Each Disbursement this Period

945.05

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. GRACE HUFFMAN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SB21-0.042666

Amount of Each Disbursement this Period

945.05

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4004.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ZACHARY HUNTER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042528**

Amount of Each Disbursement this Period

2469.04

Full Name (Last, First, Middle Initial)

**B. ZACHARY HUNTER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042667**

Amount of Each Disbursement this Period

2469.04

Full Name (Last, First, Middle Initial)

**C. ROBERT JENTGENS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042529**

Amount of Each Disbursement this Period

3837.28

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8775.36

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ROBERT JENTGENS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SB21-0.042668**

Amount of Each Disbursement this Period

3837.28

Full Name (Last, First, Middle Initial)

**B. JESSICA F JOHNSON**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : SB21-0.042517**

Amount of Each Disbursement this Period

4984.14

Full Name (Last, First, Middle Initial)

**C. JESSICA F JOHNSON**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SB21-0.042655**

Amount of Each Disbursement this Period

4984.14

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

13805.56



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. TODD R JOHNSON**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : SB21-0.042530**

Amount of Each Disbursement this Period

4385.81

Full Name (Last, First, Middle Initial)

**B. TODD R JOHNSON**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SB21-0.042669**

Amount of Each Disbursement this Period

4385.81

Full Name (Last, First, Middle Initial)

**C. STEPHANIE KITTREDGE**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : SB21-0.042531**

Amount of Each Disbursement this Period

2487.27

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11258.89

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. STEPHANIE KITTREDGE**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : **SB21-0.042670**

Amount of Each Disbursement this Period

2470.05

Full Name (Last, First, Middle Initial)

**B. LAURA KLEFFNER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : **SB21-0.042532**

Amount of Each Disbursement this Period

1666.15

Full Name (Last, First, Middle Initial)

**C. LAURA KLEFFNER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : **SB21-0.042671**

Amount of Each Disbursement this Period

1666.15

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5802.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. JANICE L KNOPP**

Mailing Address 236 KENTUCKY AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.042583**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JANICE L KNOPP**

Mailing Address 236 KENTUCKY AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.042611**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JOSEPH KNOWLES**

Mailing Address 6066 MARK CIRCLE

City BENSLEM State PA Zip Code 19020

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.042472**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL KROEGER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042533**

Amount of Each Disbursement this Period

1719.49

Full Name (Last, First, Middle Initial)

**B. MICHAEL KROEGER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042672**

Amount of Each Disbursement this Period

1719.49

Full Name (Last, First, Middle Initial)

**C. KRISTA MADAIO**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042534**

Amount of Each Disbursement this Period

1940.92

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5379.90

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. KRISTA MADAIO**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SB21-0.042673**

Amount of Each Disbursement this Period

1926.21

Full Name (Last, First, Middle Initial)

**B. COLTON MALKERSON**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : SB21-0.042535**

Amount of Each Disbursement this Period

703.54

Full Name (Last, First, Middle Initial)

**C. COLTON MALKERSON**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SB21-0.042674**

Amount of Each Disbursement this Period

703.54

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3333.29

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CHRISTINE MARTIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : SB21-0.042536**

Amount of Each Disbursement this Period

2869.10

Full Name (Last, First, Middle Initial)

**B. CHRISTINE MARTIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SB21-0.042675**

Amount of Each Disbursement this Period

2855.14

Full Name (Last, First, Middle Initial)

**C. KATHRYN MARTIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : SB21-0.042537**

Amount of Each Disbursement this Period

3661.10

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9385.34

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. KATHRYN MARTIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SB21-0.042676**

Amount of Each Disbursement this Period

3661.10

Full Name (Last, First, Middle Initial)

**B. SEAN MCALLISTER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : SB21-0.042538**

Amount of Each Disbursement this Period

1758.61

Full Name (Last, First, Middle Initial)

**C. SEAN MCALLISTER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SB21-0.042677**

Amount of Each Disbursement this Period

1758.61

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7178.32

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. JEFFREY MCGOWAN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : **SB21-0.042539**

Amount of Each Disbursement this Period

4161.80

Full Name (Last, First, Middle Initial)

**B. JEFFREY MCGOWAN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : **SB21-0.042678**

Amount of Each Disbursement this Period

3030.00

Full Name (Last, First, Middle Initial)

**C. KEVIN W MCGRANN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : **SB21-0.042540**

Amount of Each Disbursement this Period

795.83

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7987.63



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. KEVIN W MCGRANN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SB21-0.042679**

Amount of Each Disbursement this Period

795.83

Full Name (Last, First, Middle Initial)

**B. GEORGE NASSAR**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : SB21-0.042541**

Amount of Each Disbursement this Period

2700.75

Full Name (Last, First, Middle Initial)

**C. GEORGE NASSAR**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SB21-0.042680**

Amount of Each Disbursement this Period

2700.75

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6197.33

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. THOMAS NEWHOUSE**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042543**

Amount of Each Disbursement this Period

3608.38

Full Name (Last, First, Middle Initial)

**B. THOMAS NEWHOUSE**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042681**

Amount of Each Disbursement this Period

3608.38

Full Name (Last, First, Middle Initial)

**C. MICHAEL OBERLIES**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042544**

Amount of Each Disbursement this Period

1528.34

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8745.10

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL OBERLIES**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042682**

Amount of Each Disbursement this Period

1528.34

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER PACK**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042545**

Amount of Each Disbursement this Period

2469.28

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER PACK**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042683**

Amount of Each Disbursement this Period

2469.28

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6466.90

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ALEXANDRA PAPA**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042546**

Amount of Each Disbursement this Period

1758.83

Full Name (Last, First, Middle Initial)

**B. ALEXANDRA PAPA**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042684**

Amount of Each Disbursement this Period

1758.83

Full Name (Last, First, Middle Initial)

**C. KELSEY PATTEN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042547**

Amount of Each Disbursement this Period

1480.82

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4998.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. KELSEY PATTEN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042685**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. SEAN PHILBIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042548**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. SEAN PHILBIN**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042686**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. JOSEPH PILEGGI**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : SB21-0.042549**

Amount of Each Disbursement this Period

3480.92

Full Name (Last, First, Middle Initial)

**B. JOSEPH PILEGGI**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SB21-0.042687**

Amount of Each Disbursement this Period

3480.92

Full Name (Last, First, Middle Initial)

**C. KATIE POSSEHL**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : SB21-0.042550**

Amount of Each Disbursement this Period

1172.61

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8134.45

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. KATIE POSSEHL**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SB21-0.042688**

Amount of Each Disbursement this Period

1172.61

Full Name (Last, First, Middle Initial)

**B. MEGAN POWERS**

Mailing Address 18300 JOHNSON ROAD

City TRIANGLE State VA Zip Code 22172

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21-0.042621**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C. IAN PRIOR**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : SB21-0.042551**

Amount of Each Disbursement this Period

3855.36

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5177.97

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. IAN PRIOR**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042689**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ELIZABETH PRITCHARTT**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042552**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ELIZABETH PRITCHARTT**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042690**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. JONATHAN REEDY**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : SB21-0.042553**

Amount of Each Disbursement this Period

2822.82

Full Name (Last, First, Middle Initial)

**B. JONATHAN REEDY**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SB21-0.042691**

Amount of Each Disbursement this Period

2822.82

Full Name (Last, First, Middle Initial)

**C. JOHN ROGERS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : SB21-0.042554**

Amount of Each Disbursement this Period

4905.76

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10551.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. JOHN ROGERS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042692**

Amount of Each Disbursement this Period

4859.09

Full Name (Last, First, Middle Initial)

**B. PABLO SANCHEZ**

Mailing Address 1032 N DANVILLE ST

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement  
HQ ACCT - PERSONNEL SVC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

Transaction ID : **SB21-0.042438**

Amount of Each Disbursement this Period

6325.00

Full Name (Last, First, Middle Initial)

**C. GRANT SAUNDERS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042555**

Amount of Each Disbursement this Period

698.59

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11882.68

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. GRANT SAUNDERS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042693**

Amount of Each Disbursement this Period

698.59

Full Name (Last, First, Middle Initial)

**B. MEGAN SCHENEWERK**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042556**

Amount of Each Disbursement this Period

1634.03

Full Name (Last, First, Middle Initial)

**C. MEGAN SCHENEWERK**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042694**

Amount of Each Disbursement this Period

1634.03

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3966.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. SCOT SEPLOWE**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.042557**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. SCOT SEPLOWE**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.042695**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ROBERT SIMMS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.042558**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ROBERT SIMMS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB21-0.042696

Amount of Each Disbursement this Period

5042.33

Full Name (Last, First, Middle Initial)

**B. CLINTON SOFFER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : SB21-0.042559

Amount of Each Disbursement this Period

2222.92

Full Name (Last, First, Middle Initial)

**C. CLINTON SOFFER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB21-0.042697

Amount of Each Disbursement this Period

2222.32

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9487.57

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. NATALIE SOLYOMVANI**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : **SB21-0.042560**

Amount of Each Disbursement this Period

1706.66

Full Name (Last, First, Middle Initial)

**B. NATALIE SOLYOMVANI**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : **SB21-0.042698**

Amount of Each Disbursement this Period

1706.66

Full Name (Last, First, Middle Initial)

**C. EMILY STIER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : **SB21-0.042561**

Amount of Each Disbursement this Period

783.56

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4196.88

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. EMILY STIER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042699**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. LEIGH TENEWITZ**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042562**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. LEIGH TENEWITZ**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042700**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. BRETT VALENTINO**

Mailing Address 79119 LAKE CLUB DR

City State Zip Code  
BERMUDA DUNES CA 92203

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2015

Transaction ID : **SB21-0.042578**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. HAMLIN WADE**

Mailing Address 320 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : **SB21-0.042563**

Amount of Each Disbursement this Period

1896.18

Full Name (Last, First, Middle Initial)

**C. HAMLIN WADE**

Mailing Address 320 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : **SB21-0.042701**

Amount of Each Disbursement this Period

1896.18

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3942.36



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. DAVID WATTS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042564**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DAVID WATTS**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042702**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JOHN WEBER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042565**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. JOHN WEBER**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042703**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. MICAH YOUSEFI**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042567**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. MICAH YOUSEFI**

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042706**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. AMARYLLIS INC**

Mailing Address 3701 WEST ST

City LANDOVER State MD Zip Code 20785

Purpose of Disbursement  
FLOWERS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	5

**Transaction ID : SB21-0.042570**

Amount of Each Disbursement this Period

2	9	6	8	2	.	8	4
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Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101-1270

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	5

**Transaction ID : SB21-0.042718**

Amount of Each Disbursement this Period

1	2	2	8	1	.	2	8
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. ADOBE SYSTEMS**

Mailing Address 345 PARK AVE

City SAN JOSE State CA Zip Code 95110-2704

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	5

**Transaction ID : SB21-0.044990**

Amount of Each Disbursement this Period

2	4	3	.	1	3
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**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1	5	2	4	9	3	.	1	2
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ADOBE SYSTEMS**

Mailing Address 345 PARK AVE

City SAN JOSE State CA Zip Code 95110-2704

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : **SB21-0.045141**

Amount of Each Disbursement this Period

99.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. ALASKA AIRLINES**

Mailing Address PO BOX 68900

City SEATTLE State WA Zip Code 98168

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : **SB21-0.044992**

Amount of Each Disbursement this Period

189.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMAZON WEB SERVICES**

Mailing Address PO BOX 81226

City SEATTLE State WA Zip Code 98108

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : **SB21-0.044996**

Amount of Each Disbursement this Period

85.56

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 1200 12TH AVE

City SEATTLE State WA Zip Code 98144

Purpose of Disbursement  
OFFICE SUPPLES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

Transaction ID : SB21-0.044994

Amount of Each Disbursement this Period

59.56
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address PO BOX 620081

City DALLAS State TX Zip Code 75262

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

Transaction ID : SB21-0.044998

Amount of Each Disbursement this Period

869.30
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

Transaction ID : SB21-0.045000

Amount of Each Disbursement this Period

422.00
--------

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. AQUA AL 2 RESTAURANT**

Mailing Address 212 7TH ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : **SB21-0.044988**

Amount of Each Disbursement this Period

1584.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BASECAMP**

Mailing Address 30 N RACINE AVE  
#200

City CHICAGO State IL Zip Code 60607

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : **SB21-0.045061**

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BOBBY VANS STEAKHOUSE**

Mailing Address 1201 NEW YORK AVE NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : **SB21-0.045063**

Amount of Each Disbursement this Period

3253.15

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. BOSTON COACH COMPANY**

Mailing Address 70 FARGO ST  
8TH FLOOR

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045065

Amount of Each Disbursement this Period

582.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BULLFEATHERS OF CAPITOL HILL**

Mailing Address 410 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045067

Amount of Each Disbursement this Period

210.39

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CINERGIX**

Mailing Address 1/28 MENTONE PARADE

City MENTONE State VIC 3 Zip Code

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045072

Amount of Each Disbursement this Period

3.99

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CISCO SYSTEMS**

Mailing Address 170 WEST TASMAN DRIVE

City State Zip Code  
SAN JOSE CA 95134

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

Transaction ID : SB21-0.045166

Amount of Each Disbursement this Period

49.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. COSI**

Mailing Address 1751 LAKE COOK RD

City State Zip Code  
CHICAGO IL 60015

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

Transaction ID : SB21-0.045070

Amount of Each Disbursement this Period

125.91
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CRANDON GOLF SHOP**

Mailing Address 6700 CRANDON BLVD.

City State Zip Code  
KEY BISCAYNE FL 33149

Purpose of Disbursement  
REGISTRATION/EVENT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

Transaction ID : SB21-0.045074

Amount of Each Disbursement this Period

1417.26
---------

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES INC**

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : SB21-0.045076

Amount of Each Disbursement this Period

1971.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DIGITAL OCEAN**

Mailing Address 101 AVENUE OF THE AMERICAS  
10TH FLOOR

City NEW YORK State NY Zip Code 10013

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : SB21-0.045078

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DROPBOX INC**

Mailing Address 760 MARKET ST  
STE 1150

City SAN FRANCISCO State CA Zip Code 94102

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : SB21-0.045080

Amount of Each Disbursement this Period

23.97

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. DUNKIN BRANDS**

Mailing Address 130 ROYALL ST

City CANTON State MA Zip Code 02021

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : SB21-0.045082

Amount of Each Disbursement this Period

157.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. FACEBOOK**

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : SB21-0.045084

Amount of Each Disbursement this Period

528.88

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. FEDEX KINKOS**

Mailing Address PO BOX 672085

City DALLAS State TX Zip Code 75267-2085

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : SB21-0.045086

Amount of Each Disbursement this Period

44.25

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. GIANT FOOD**

Mailing Address 8301 PROFESSIONAL PL  
STE 115

City LANDOVER State MD Zip Code 20785

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045123

Amount of Each Disbursement this Period

282.71

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. GODADDY.COM**

Mailing Address 14455 N HAYDEN RD  
STE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045088

Amount of Each Disbursement this Period

78.47

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. GOOGLE INC**

Mailing Address DEPT. 33654  
PO BOX 39000

City SAN FRANCISCO State CA Zip Code 94139

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045090

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. HARRY AND DAVID**

Mailing Address 2500 S PACIFIC HWY

City MEDFORD State OR Zip Code 97501

Purpose of Disbursement  
FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

Transaction ID : SB21-0.045092

Amount of Each Disbursement this Period

1058.13
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HELP SCOUT**

Mailing Address 500 HARRISON AVE., FLOOR 3R

City BOSTON State MA Zip Code 02118

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

Transaction ID : SB21-0.045094

Amount of Each Disbursement this Period

15.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HILL COUNTRY**

Mailing Address 410 7TH ST NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

Transaction ID : SB21-0.045096

Amount of Each Disbursement this Period

19274.09
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. HILTON HOTELS CORP**

Mailing Address 7930 JONES BRANCH DR, STE 1100

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045098

Amount of Each Disbursement this Period

4288.68

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HILTON HOTELS CORP**

Mailing Address 7930 JONES BRANCH DR, STE 1100

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045119

Amount of Each Disbursement this Period

312.57

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. L&H SPORTFISHING**

Mailing Address 3917 GARFIELD STREET

City State Zip Code  
HOLLYWOOD FL 33021

Purpose of Disbursement  
REGISTRATION/EVENT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045111

Amount of Each Disbursement this Period

2350.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. LEXIS-NEXIS**

Mailing Address PO BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170-7090

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : **SB21-0.045104**

Amount of Each Disbursement this Period: 17501.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MAIL CHIMP**

Mailing Address 512 MEANS ST STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : **SB21-0.045164**

Amount of Each Disbursement this Period: 150.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MARRIOTT HOTELS**

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : **SB21-0.045102**

Amount of Each Disbursement this Period: 1000.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MATCHBOX CAPITOL HILL**

Mailing Address 521 8TH ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : SB21-0.045107

Amount of Each Disbursement this Period

185.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. NAME BADGE PRODUCTIONS LLC**

Mailing Address 3220 DEMMING WAY

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
STAGING/EQUIPMENT PURCHASE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : SB21-0.045109

Amount of Each Disbursement this Period

1001.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. NATIONAL JOURNAL GROUP INC**

Mailing Address 600 NEW HAMPSHIRE AVE NW

City WASHINGTON State DC Zip Code 20037

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : SB21-0.045113

Amount of Each Disbursement this Period

6212.81

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. NEW EGG.COM**

Mailing Address 16839 E GALA AVE

City State Zip Code  
INDUSTRY CA 91745

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	04	/	2015

Transaction ID : SB21-0.045115

Amount of Each Disbursement this Period

90.80
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. POTBELLY SANDWICH WORKS**

Mailing Address 222 MERCHANDISE MART PLZ  
#230

City State Zip Code  
CHICAGO IL 60654

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	04	/	2015

Transaction ID : SB21-0.045125

Amount of Each Disbursement this Period

195.46
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. RACKSPACE MANAGED HOSTING**

Mailing Address PO BOX 730759

City State Zip Code  
DALLAS TX 75373-0759

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	04	/	2015

Transaction ID : SB21-0.045127

Amount of Each Disbursement this Period

48.49
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. SECURE BY DESIGN**

Mailing Address 548 MARKET ST  
#39134

City State Zip Code  
SAN FRANCISCO CA 94104

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045117

Amount of Each Disbursement this Period

600.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOCIAL REFORM KITCHEN & BAR**

Mailing Address 401 9TH STREET, NW

City State Zip Code  
WASHINGTON DC 20004

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045129

Amount of Each Disbursement this Period

1250.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIRLINES**

Mailing Address 2702 LOVE FIELD DRIVE

City State Zip Code  
DALLAS TX 75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045131

Amount of Each Disbursement this Period

127.60

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. STAPLES CREDIT PLAN**

Mailing Address DEPT 11 - 0005396544  
PO BOX 183174

City COLUMBUS State OH Zip Code 43218-3174

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : **SB21-0.045133**

Amount of Each Disbursement this Period: 46.08

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SUBWAY RESTAURANTS**

Mailing Address 406 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : **SB21-0.045135**

Amount of Each Disbursement this Period: 16.59

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SUPERSHUTTLE INTL**

Mailing Address 14500 N NORTHSIGHT BLVD

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : **SB21-0.045137**

Amount of Each Disbursement this Period: 115.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. THE NEW YORK PALACE HOTEL**

Mailing Address 455 MADISON AVE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

Transaction ID : SB21-0.045139

Amount of Each Disbursement this Period

41638.80
----------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. THE ROTHENBERG POLITICAL REPORT**

Mailing Address 77 K ST NE  
7TH FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

Transaction ID : SB21-0.045121

Amount of Each Disbursement this Period

263.32
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. THE WARWICK HOTEL**

Mailing Address 65 WEST 54TH STREET

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

Transaction ID : SB21-0.045153

Amount of Each Disbursement this Period

565.43
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES INC**

Mailing Address 77 W WACKER DR

City State Zip Code  
CHICAGO IL 60601

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045143

Amount of Each Disbursement this Period

1022.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UPS**

Mailing Address PO BOX 7247-0244

City State Zip Code  
PHILADELPHIA PA 19170-0001

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045145

Amount of Each Disbursement this Period

216.23

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address 2345 CRYSTAL DR

City State Zip Code  
ARLINGTON VA 22227

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045147

Amount of Each Disbursement this Period

1907.10

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. US POSTMASTER**

Mailing Address 900 BRENTWOOD ROAD NE

City WASHINGTON State DC Zip Code 20018-1004

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045149

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. WALL STREET JOURNAL**

Mailing Address 84 SECOND AVE

City CHICOPEE State MA Zip Code 01020

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045151

Amount of Each Disbursement this Period

26.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. WATERFRONT WEST PARKING**

Mailing Address 1101 4TH STREET, SW

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21-0.045155

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. WILLARD INTERCONTINENTAL**

Mailing Address 1401 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : SB21-0.045100

Amount of Each Disbursement this Period

7500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. WP ENGINE**

Mailing Address 701 BRAZOS ST  
STE 1602

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : SB21-0.045157

Amount of Each Disbursement this Period

647.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. WRISTBAND ID BANDS INC**

Mailing Address 1650 NW 33RD ST

City POMPANO BEACH State FL Zip Code 33064

Purpose of Disbursement  
STAGING/EQUIPMENT PURCHASE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : SB21-0.045159

Amount of Each Disbursement this Period

116.80

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. WUFOO INFINITY BOX INC**

Mailing Address 12157 W LINEBAUGH AVE

City TAMPA State FL Zip Code 33626

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : SB21-0.045161

Amount of Each Disbursement this Period

69.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101-1270

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

Transaction ID : SB21-0.042720

Amount of Each Disbursement this Period

18396.24

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 1200 12TH AVE

City SEATTLE State WA Zip Code 98144

Purpose of Disbursement  
HQ ACCT - EQUIPMENT PURCHASE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

Transaction ID : SB21-0.044968

Amount of Each Disbursement this Period

881.97

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

18396.24

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. APPLE INC**

Mailing Address 1 INFINITE LOOP

City CUPERTINO State CA Zip Code 95014

Purpose of Disbursement  
HQ ACCT - EQUIPMENT PURCHASE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	5

Transaction ID : **SB21-0.044970**

Amount of Each Disbursement this Period

2	4	0	8	.	9	7
---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AT&T GEORGIA**

Mailing Address PO BOX 105068

City ATLANTA State GA Zip Code 30348-5068

Purpose of Disbursement  
HQ ACCT - PHONE SVC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	5

Transaction ID : **SB21-0.044972**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CONFERENCE AMERICA INC**

Mailing Address PO BOX 241188

City MONTGOMERY State AL Zip Code 36124-1188

Purpose of Disbursement  
HQ ACCT - PHONE SVC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	5

Transaction ID : **SB21-0.044974**

Amount of Each Disbursement this Period

5	9	1	.	5	0
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
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0	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. EXPERTS EXCHANGE**

Mailing Address PO BOX 1062

City State Zip Code  
SAN LUIS OBISPO CA 93406

Purpose of Disbursement  
HQ ACCT - COMPUTER SUPPORT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	5

Transaction ID : SB21-0.044976

Amount of Each Disbursement this Period

1	9	.	9	5
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. FOXIT SOFTWARE COMPANY**

Mailing Address 39819 PASEO PADRE PKWY

City State Zip Code  
FREMONT CA 94538

Purpose of Disbursement  
HQ ACCT - COMPUTER SUPPORT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	5

Transaction ID : SB21-0.044978

Amount of Each Disbursement this Period

2	6	7	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. OFFICE DEPOT**

Mailing Address 2200 OLD GERMANTOWN RD

City State Zip Code  
DELRAY BEACH FL 33445

Purpose of Disbursement  
HQ ACCT - MAINTENANCE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	5

Transaction ID : SB21-0.044980

Amount of Each Disbursement this Period

6	8	.	6	8
---	---	---	---	---

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
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0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. PROVANTAGE LLC**

Mailing Address 7249 WHIPPLE AVE NW

City N CANTON State OH Zip Code 44720

Purpose of Disbursement  
HQ ACCT - EQUIPMENT PURCHASE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2015

Transaction ID : SB21-0.044982

Amount of Each Disbursement this Period

8328.19

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. VERIZON WIRELESS**

Mailing Address PO BOX 25505

City LEHIGH VALLEY State PA Zip Code 18002-5505

Purpose of Disbursement  
HQ ACCT - PHONE SVC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2015

Transaction ID : SB21-0.044984

Amount of Each Disbursement this Period

5114.73

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. WASHINGTON METRO AREA TRANSIT AUTHORITY**

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
HQ ACCT - TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2015

Transaction ID : SB21-0.044986

Amount of Each Disbursement this Period

665.25

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

### A. AMERICAN EXPRESS MERCHANT ACCOUNT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2015

Mailing Address PO BOX 981532

Transaction ID : **SB21-0.042774**

City EL PASO State TX Zip Code 79998

Amount of Each Disbursement this Period

4330.94
---------

Purpose of Disbursement  
BANK FEE

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### B. AMERICAN EXPRESS MERCHANT ACCOUNT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2015

Mailing Address PO BOX 981532

Transaction ID : **SB21-0.042780**

City EL PASO State TX Zip Code 79998

Amount of Each Disbursement this Period

179.72
--------

Purpose of Disbursement  
BANK FEE

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C. AMERICAN EXPRESS MERCHANT ACCOUNT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2015

Mailing Address PO BOX 981532

Transaction ID : **SB21-0.042782**

City EL PASO State TX Zip Code 79998

Amount of Each Disbursement this Period

55.23
-------

Purpose of Disbursement  
BANK FEE

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4565.89
---------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ANTON DESIGN**

Mailing Address 221 EUREKA DRIVE NE

City ATLANTA State GA Zip Code 30305

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 26 / 2015

Transaction ID : **SB21-0.042607**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**B. ASHLEY EVENTS LLC**

Mailing Address 952 MCCLEARY STREET

City DELRAY BEACH State FL Zip Code 33483

Purpose of Disbursement  
A/V EQUIP RENTAL/STAGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2015

Transaction ID : **SB21-0.042460**

Amount of Each Disbursement this Period

223390.00

Full Name (Last, First, Middle Initial)

**C. AUTOMATIC DATA PROCESSING**

Mailing Address PO BOX 842875

City BOSTON State MA Zip Code 02284-2875

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 06 / 2015

Transaction ID : **SB21-0.042439**

Amount of Each Disbursement this Period

473.83

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

224613.83

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. AUTOMATIC DATA PROCESSING**

Mailing Address PO BOX 842875

City BOSTON State MA Zip Code 02284-2875

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

Transaction ID : SB21-0.042575

Amount of Each Disbursement this Period

27.50

Full Name (Last, First, Middle Initial)

**B. BROADPOINT, INC.**

Mailing Address 7501 WISCONSIN AVE  
STE 720 W

City BETHESDA State MD Zip Code 20814

Purpose of Disbursement  
HQ ACCT - COMPUTER SUPPORT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : SB21-0.042603

Amount of Each Disbursement this Period

2200.00

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
BANK FEE/WEB SVC/LIST RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

Transaction ID : SB21-0.042721

Amount of Each Disbursement this Period

5047.47

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7274.97

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
BANK FEE/WEB SVC/LIST RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2015

Transaction ID : SB21-0.042723

Amount of Each Disbursement this Period

1538.42

Full Name (Last, First, Middle Initial)

**B. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : SB21-0.042464

Amount of Each Disbursement this Period

6402.69

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL LISTS**

Mailing Address 1252 RAMBLING RILL CIR

City STATHAM State GA Zip Code 30666

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : SB21-0.042476

Amount of Each Disbursement this Period

4680.95

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

12622.06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

Transaction ID : SB21-0.042580

Amount of Each Disbursement this Period

10431.66

Full Name (Last, First, Middle Initial)

**B. CENTURY LINK**

Mailing Address PO BOX 52187

City PHOENIX State AZ Zip Code 85072-2187

Purpose of Disbursement  
HQ ACCT - PHONE SVC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

Transaction ID : SB21-0.042435

Amount of Each Disbursement this Period

71.49

Full Name (Last, First, Middle Initial)

**C. CENTURY LINK**

Mailing Address PO BOX 52187

City PHOENIX State AZ Zip Code 85072-2187

Purpose of Disbursement  
HQ ACCT - PHONE SVC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : SB21-0.042604

Amount of Each Disbursement this Period

9.74

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10512.89

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : SB21-0.042783

Amount of Each Disbursement this Period

2213.39

Full Name (Last, First, Middle Initial)

**B. CHANGE.ORG**

Mailing Address PO BOX 200153

City PITTSBURGH State PA Zip Code 15251

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

Transaction ID : SB21-0.042441

Amount of Each Disbursement this Period

50000.00

Full Name (Last, First, Middle Initial)

**C. CHAPIN RESIDENTIAL AND COMMERCIAL**

Mailing Address 9101 WARFIELD ROAD

City GAITHERSBURG State MD Zip Code 20882

Purpose of Disbursement  
HQ ACCT - MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SB21-0.042710

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

57213.39



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042442**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042477**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042581**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 26 / 2015

Transaction ID : SB21-0.042608

Amount of Each Disbursement this Period

5067.20

Full Name (Last, First, Middle Initial)

**B. COGENT COMMUNICATIONS INC**

Mailing Address PO BOX 791087

City BALTIMORE State MD Zip Code 21279-1087

Purpose of Disbursement  
HQ ACCT - WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 06 / 2015

Transaction ID : SB21-0.042436

Amount of Each Disbursement this Period

2100.00

Full Name (Last, First, Middle Initial)

**C. COMMUNICATION CORP OF AMERICA**

Mailing Address 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 02 / 2015

Transaction ID : SB21-0.042428

Amount of Each Disbursement this Period

8354.65

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

15521.85

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. COMMUNICATION CORP OF AMERICA**

Mailing Address 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21-0.042459**

Amount of Each Disbursement this Period

**B. COMMUNICATION CORP OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21-0.042478**

Amount of Each Disbursement this Period

**C. COMMUNICATION CORP OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21-0.042586**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. COMMUNICATION CORP OF AMERICA**

Mailing Address 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : SB21-0.042609

Amount of Each Disbursement this Period

16698.82

Full Name (Last, First, Middle Initial)

**B. CONCUR TECHNOLOGIES INC**

Mailing Address 62157 COLLECTIONS CENTER DR.

City CHICAGO State IL Zip Code 60693

Purpose of Disbursement  
TRAVEL SERVICES PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2015

Transaction ID : SB21-0.042431

Amount of Each Disbursement this Period

1539.51

Full Name (Last, First, Middle Initial)

**C. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2015

Transaction ID : SBCCUV1.900012

Amount of Each Disbursement this Period

169.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

18238.33

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2015

Transaction ID : SBCCUV1.900014

Amount of Each Disbursement this Period

107.59

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2015

Transaction ID : SBCCUV1.900015

Amount of Each Disbursement this Period

84.64

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2015

Transaction ID : SBCCUV1.900017

Amount of Each Disbursement this Period

37.88

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. HOTWIRE.COM**

Date of Disbursement  
MM / DD / YYYY  
03 / 03 / 2015

Mailing Address 333 MARKET ST., STE 100

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SBCCUV1.900016**

Amount of Each Disbursement this Period  
83.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. SIX STARS OF NEW YORK CITY**

Date of Disbursement  
MM / DD / YYYY  
03 / 03 / 2015

Mailing Address 37-22 23RD STREET

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SBCCUV1.900013**

Amount of Each Disbursement this Period  
641.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. UBER**

Date of Disbursement  
MM / DD / YYYY  
03 / 03 / 2015

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SBCCUV1.900008**

Amount of Each Disbursement this Period  
27.05

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2015

Transaction ID : SBCCUV1.900009

Amount of Each Disbursement this Period

27.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2015

Transaction ID : SBCCUV1.900010

Amount of Each Disbursement this Period

6.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2015

Transaction ID : SBCCUV1.900011

Amount of Each Disbursement this Period

6.80

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. CONCUR TECHNOLOGIES INC**

Mailing Address 62157 COLLECTIONS CENTER DR.

City CHICAGO State IL Zip Code 60693

Purpose of Disbursement TRAVEL SERVICES PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 11 / 2015

Transaction ID : **SB21-0.042461**

Amount of Each Disbursement this Period: 4973.62

Category/Type

Full Name (Last, First, Middle Initial)  
**B. AMOURATH**

Mailing Address 1209 L STREET

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 11 / 2015

Transaction ID : **SBCCUV1.900054**

Amount of Each Disbursement this Period: 40.64

Category/Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. AMOURATH**

Mailing Address 1209 L STREET

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 11 / 2015

Transaction ID : **SBCCUV1.900055**

Amount of Each Disbursement this Period: 15.02

Category/Type

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4973.62

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. AMOURATH**

Mailing Address 1209 L STREET

City State Zip Code  
SACRAMENTO CA 95814

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2015

Transaction ID : SBCCUV1.900056

Amount of Each Disbursement this Period

116.29
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMOURATH**

Mailing Address 1209 L STREET

City State Zip Code  
SACRAMENTO CA 95814

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2015

Transaction ID : SBCCUV1.900057

Amount of Each Disbursement this Period

47.33
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City State Zip Code  
WASHINGTON DC 20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2015

Transaction ID : SBCCUV1.900023

Amount of Each Disbursement this Period

21.00
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. AVIS RENTAL CAR**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

Transaction ID : SBCCUV1.900058

Amount of Each Disbursement this Period

6	8	5	.	3	2
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AVIS RENTAL CAR**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

Transaction ID : SBCCUV1.900059

Amount of Each Disbursement this Period

2	4	0	.	0	3
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AVIS RENTAL CAR**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

Transaction ID : SBCCUV1.900060

Amount of Each Disbursement this Period

2	0	8	.	4	4
---	---	---	---	---	---

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	.	0	0
---	---	---	---	---	---

0	0	0	.	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. BAR AMERICAIN**

Mailing Address 152 W 52ND STREET

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900061

Amount of Each Disbursement this Period

294.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900018

Amount of Each Disbursement this Period

15.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900019

Amount of Each Disbursement this Period

46.50

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

## A. BULLFEATHERS

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900020

Amount of Each Disbursement this Period

18.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## B. BULLFEATHERS

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900024

Amount of Each Disbursement this Period

31.64

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## C. BULLFEATHERS

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900025

Amount of Each Disbursement this Period

105.15

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

Transaction ID : SBCCUV1.900026

Amount of Each Disbursement this Period

6	8	.	0	3
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

Transaction ID : SBCCUV1.900027

Amount of Each Disbursement this Period

7	7	.	6	4
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

Transaction ID : SBCCUV1.900028

Amount of Each Disbursement this Period

5	6	.	1	7
---	---	---	---	---

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CONGRESSIONAL LQR & DELI**

Mailing Address 404 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900021

Amount of Each Disbursement this Period

119.78

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CONGRESSIONAL LQR & DELI**

Mailing Address 404 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900022

Amount of Each Disbursement this Period

35.33

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900051

Amount of Each Disbursement this Period

537.19

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. HOTWIRE.COM**

Mailing Address 333 MARKET ST., STE 100

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
03 / 11 / 2015

Transaction ID : SBCCUV1.900029

Amount of Each Disbursement this Period

165.55

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. QDOBA**

Mailing Address 2401 SMITH BOULEVARD

City State Zip Code  
ARLINGTON VA 22201

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
03 / 11 / 2015

Transaction ID : SBCCUV1.900052

Amount of Each Disbursement this Period

20.24

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. QDOBA**

Mailing Address 6653 RITCHIE HWY

City State Zip Code  
GLEN BURNIE MD 21061

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
03 / 11 / 2015

Transaction ID : SBCCUV1.900053

Amount of Each Disbursement this Period

339.88

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900030

Amount of Each Disbursement this Period

18.77

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900031

Amount of Each Disbursement this Period

15.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900032

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2015

Transaction ID : SBCCUV1.900033

Amount of Each Disbursement this Period

16.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2015

Transaction ID : SBCCUV1.900034

Amount of Each Disbursement this Period

33.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2015

Transaction ID : SBCCUV1.900035

Amount of Each Disbursement this Period

11.16
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900036

Amount of Each Disbursement this Period

12.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900037

Amount of Each Disbursement this Period

26.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900038

Amount of Each Disbursement this Period

19.23

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900039

Amount of Each Disbursement this Period

15.13

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900040

Amount of Each Disbursement this Period

6.18

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900041

Amount of Each Disbursement this Period

5.77

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900042

Amount of Each Disbursement this Period

25.64

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900043

Amount of Each Disbursement this Period

6.23

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900044

Amount of Each Disbursement this Period

5.08

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900045

Amount of Each Disbursement this Period

5.13

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900046

Amount of Each Disbursement this Period

5.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SBCCUV1.900047

Amount of Each Disbursement this Period

5.15

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 11 / 2015

Transaction ID : SBCCUV1.900048

Amount of Each Disbursement this Period: 5.05

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 11 / 2015

Transaction ID : SBCCUV1.900049

Amount of Each Disbursement this Period: 12.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 11 / 2015

Transaction ID : SBCCUV1.900050

Amount of Each Disbursement this Period: 27.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ZORBA'S CAFE**

Mailing Address 1612 20TH ST., NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2015

**Transaction ID : SBCCUV1.900062**

Amount of Each Disbursement this Period

267.10
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. CONCUR TECHNOLOGIES INC**

Mailing Address 62157 COLLECTIONS CENTER DR

City CHICAGO State IL Zip Code 60693

Purpose of Disbursement  
TRAVEL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2015

**Transaction ID : SB21-0.042466**

Amount of Each Disbursement this Period

784.03
--------

Full Name (Last, First, Middle Initial)

**C. CONCUR TECHNOLOGIES INC**

Mailing Address 62157 COLLECTIONS CENTER DR.

City CHICAGO State IL Zip Code 60693

Purpose of Disbursement  
TRAVEL SERVICES PAYMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2015

**Transaction ID : SB21-0.042489**

Amount of Each Disbursement this Period

722.73
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1506.76
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : SBCCUV1.900063

Amount of Each Disbursement this Period

98.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AVIS RENTAL CAR**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : SBCCUV1.900065

Amount of Each Disbursement this Period

45.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : SBCCUV1.900064

Amount of Each Disbursement this Period

42.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. DBGB KITCHEN AND BAR**

Mailing Address 931 H ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : SBCCUV1.900067

Amount of Each Disbursement this Period

319.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : SBCCUV1.900066

Amount of Each Disbursement this Period

8.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CONCUR TECHNOLOGIES INC**

Mailing Address 62157 COLLECTIONS CENTER DR.

City CHICAGO State IL Zip Code 60693

Purpose of Disbursement  
TRAVEL SERVICES PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

Transaction ID : SB21-0.042587

Amount of Each Disbursement this Period

678.73

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

678.73

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

## A. AMAZON.COM

Mailing Address 1200 12TH AVE

City SEATTLE State WA Zip Code 98144

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2015

Transaction ID : SBCCUV1.900068

Amount of Each Disbursement this Period

530.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## B. DELTA AIRLINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2015

Transaction ID : SBCCUV1.900071

Amount of Each Disbursement this Period

33.60
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## C. UBER

Mailing Address 182 HOWARD ST STE #8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2015

Transaction ID : SBCCUV1.900069

Amount of Each Disbursement this Period

9.67
------

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	5

Transaction ID : SBCCUV1.900070

Amount of Each Disbursement this Period

8	.	6	7
---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### B. CONCUR TECHNOLOGIES INC

Mailing Address 62157 COLLECTIONS CENTER DR.

City State Zip Code  
CHICAGO IL 60693

Purpose of Disbursement  
TRAVEL SERVICES PAYMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	5

Transaction ID : SB21-0.042624

Amount of Each Disbursement this Period

1	2	6	9	.	4	2
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### C. BULLFEATHERS

Mailing Address 410 FIRST STREET SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	5

Transaction ID : SBCCUV1.900072

Amount of Each Disbursement this Period

1	5	.	3	9
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1	2	6	9	.	4	2
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1	2	6	9	.	4	2
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 27 / 2015

Transaction ID : SBCCUV1.900073

Amount of Each Disbursement this Period: 15.39

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 27 / 2015

Transaction ID : SBCCUV1.900074

Amount of Each Disbursement this Period: 15.39

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 27 / 2015

Transaction ID : SBCCUV1.900075

Amount of Each Disbursement this Period: 66.52

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. BULLFEATHERS**

Mailing Address 410 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2015

Transaction ID : SBCCUV1.900076

Amount of Each Disbursement this Period

20.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CODEPEN**

Mailing Address 3090 NW COLONIAL DR

City BEND State OR Zip Code 97701

Purpose of Disbursement  
PERSONNEL SVCS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2015

Transaction ID : SBCCUV1.900084

Amount of Each Disbursement this Period

299.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CONGRESSIONAL LQR & DELI**

Mailing Address 404 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2015

Transaction ID : SBCCUV1.900077

Amount of Each Disbursement this Period

79.02

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SBCCUV1.900078

Amount of Each Disbursement this Period

15.14

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SBCCUV1.900079

Amount of Each Disbursement this Period

8.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SBCCUV1.900080

Amount of Each Disbursement this Period

11.76

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2015

Transaction ID : SBCCUV1.900081

Amount of Each Disbursement this Period

10.53
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2015

Transaction ID : SBCCUV1.900082

Amount of Each Disbursement this Period

7.27
------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2015

Transaction ID : SBCCUV1.900083

Amount of Each Disbursement this Period

7.89
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SBCCUV1.900085

Amount of Each Disbursement this Period

16.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SBCCUV1.900086

Amount of Each Disbursement this Period

13.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SBCCUV1.900087

Amount of Each Disbursement this Period

13.98

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7			2	0	1	5		

Transaction ID : SBCCUV1.900088

Amount of Each Disbursement this Period

1	3	.	0	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7			2	0	1	5		

Transaction ID : SBCCUV1.900089

Amount of Each Disbursement this Period

1	3	.	0	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7			2	0	1	5		

Transaction ID : SBCCUV1.900090

Amount of Each Disbursement this Period

1	1	.	0	6
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SBCCUV1.900091

Amount of Each Disbursement this Period

17.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SBCCUV1.900092

Amount of Each Disbursement this Period

14.91

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SBCCUV1.900093

Amount of Each Disbursement this Period

19.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SBCCUV1.900094

Amount of Each Disbursement this Period

10.77

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SBCCUV1.900095

Amount of Each Disbursement this Period

21.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 182 HOWARD ST STE #8

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SBCCUV1.900096

Amount of Each Disbursement this Period

41.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. CONSERVATIVE CONNECTOR LLC**

Date of Disbursement:  /  /

Mailing Address: 435 E MAIN ST  
STE 250

City: GREENWOOD State: IN Zip Code: 46143

Purpose of Disbursement: LIST RENTAL

Candidate Name:

Office Sought:  House  Senate  President  
State:  District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21-0.042619**

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)  
**B. DC TREASURER**

Date of Disbursement:  /  /

Mailing Address: DEPT OF CONSUMER AND REGULATORY  
AFFAIRS, CORPORATIONS DIVISION

City: WASHINGTON State: DC Zip Code: 20090

Purpose of Disbursement: REGISTRATION FEE

Candidate Name:

Office Sought:  House  Senate  President  
State:  District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21-0.042432**

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)  
**C. DC TREASURER**

Date of Disbursement:  /  /

Mailing Address: PO BOX 96384

City: WASHINGTON State: DC Zip Code: 20090-6384

Purpose of Disbursement: TAXES

Candidate Name:

Office Sought:  House  Senate  President  
State:  District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21-0.042463**

Amount of Each Disbursement this Period:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. DESIGN CUISINE**

Mailing Address 2659 SOUTH SHIRLINGTON RD

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2015

Transaction ID : **SB21-0.042590**

Amount of Each Disbursement this Period

32000.00

Full Name (Last, First, Middle Initial)

**B. DIRECT RESPONSE STRATEGIES**

Mailing Address 228 S WASHINGTON ST  
STE B30

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042479**

Amount of Each Disbursement this Period

2964.62

Full Name (Last, First, Middle Initial)

**C. DRUCKER LAWHON, LLP**

Mailing Address 317 15TH STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SB21-0.042467**

Amount of Each Disbursement this Period

15000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

337964.62

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ELAVON**

Mailing Address ONE CONCOURSE PKWY, STE 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 02 / 2015

**Transaction ID : SB21-0.042773**

Amount of Each Disbursement this Period

2869.45

Full Name (Last, First, Middle Initial)

**B. ELAVON**

Mailing Address ONE CONCOURSE PKWY, STE 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 02 / 2015

**Transaction ID : SB21-0.042776**

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

**C. ELAVON**

Mailing Address ONE CONCOURSE PKWY, STE 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 02 / 2015

**Transaction ID : SB21-0.042778**

Amount of Each Disbursement this Period

1225.95

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4140.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. ELAVON**

Mailing Address ONE CONCOURSE PKWY, STE 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 02 / 2015

Transaction ID : **SB21-0.042781**

Amount of Each Disbursement this Period

539.63

Full Name (Last, First, Middle Initial)

**B. FLS CONNECT LLC**

Mailing Address 7300 HUDSON BLVD  
STE 270

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2015

Transaction ID : **SB21-0.042582**

Amount of Each Disbursement this Period

71732.83

Full Name (Last, First, Middle Initial)

**C. GS STRATEGY GROUP**

Mailing Address 350 N 9TH ST  
SUITE 550

City BOISE State ID Zip Code 83702

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : **SB21-0.042468**

Amount of Each Disbursement this Period

43950.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

116222.46

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. GUARDIAN LIFE INSURANCE COMPANY**

Mailing Address PO BOX 677458

City DALLAS State TX Zip Code 75267-7458

Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : SB21-0.042490

Amount of Each Disbursement this Period

848.91

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. GUARDIAN LIFE INSURANCE COMPANY**

Mailing Address PO BOX 677458

City DALLAS State TX Zip Code 75267-7458

Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SB21-0.042623

Amount of Each Disbursement this Period

205.74

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. HARPER POLLING**

Mailing Address 121 STATE ST

City HARRISBURG State PA Zip Code 17101

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

Transaction ID : SB21-0.042577

Amount of Each Disbursement this Period

4625.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5679.65



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. HOLTZMAN VOGEL JOSEFIK PLLC**

Mailing Address 45 NORTH HILL DR  
SUITE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042574**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. HOON DESIGNS LLC**

Mailing Address 2800 SHIRLINGTON RD  
STE 920

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042480**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. HOON DESIGNS LLC**

Mailing Address 2800 SHIRLINGTON RD  
STE 920

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042610**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)  
**A. HUCKABY DAVIS LISKER**

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2015

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID : **SB21-0.042469**

Amount of Each Disbursement this Period  
20000.00

Full Name (Last, First, Middle Initial)  
**B. IMGE**

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2015

Mailing Address 603 KING ST  
4TH FLR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID : **SB21-0.042471**

Amount of Each Disbursement this Period  
1275.00

Full Name (Last, First, Middle Initial)  
**C. INFOGROUP**

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2015

Mailing Address PO BOX 3243

City OMAHA State NE Zip Code 68103

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID : **SB21-0.042481**

Amount of Each Disbursement this Period  
1474.16

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 22749.16

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.042434**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SERVICES/TAX/INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.042573**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SERVICES/TAX/INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.042626**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SERVICES/TAX/INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB21-0.042758

Amount of Each Disbursement this Period

73515.91

Full Name (Last, First, Middle Initial)

**B. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SERVICES/TAX/INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : SB21-0.042760

Amount of Each Disbursement this Period

67829.26

Full Name (Last, First, Middle Initial)

**C. JOBSPRING PARTNERS**

Mailing Address DEPT 730036  
PO BOX 660919

City DALLAS State TX Zip Code 75266-0919

Purpose of Disbursement  
PERSONNEL SVC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : SB21-0.042470

Amount of Each Disbursement this Period

18125.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

159470.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. LEVEL 3 COMMUNICATIONS LLC**

Mailing Address PO BOX 910182

City DENVER State CO Zip Code 80291-0182

Purpose of Disbursement  
HQ ACCT - PHONE SVC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : SB21-0.042462**

Amount of Each Disbursement this Period

1337.28

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. MADDEN-MCFARLAND INTERIORS**

Mailing Address 1903 W 135TH STREET

City LEAWOOD State KS Zip Code 66224

Purpose of Disbursement  
HQ ACCT - MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB21-0.042429**

Amount of Each Disbursement this Period

6908.60

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. MERCER HEALTH & BENEFITS, LLC**

Mailing Address PO BOX 905234

City CHARLOTTE State NC Zip Code 28290-5234

Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

**Transaction ID : SB21-0.042444**

Amount of Each Disbursement this Period

8924.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

17169.88

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. MERIDIAN IMAGING SOL. INC**

Mailing Address PO BOX 41602

City PHILADELPHIA State PA Zip Code 19101-1602

Purpose of Disbursement  
HQ ACCT - EQUIPMENT RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 06 / 2015

Transaction ID : **SB21-0.042437**

Amount of Each Disbursement this Period

1425.24

Full Name (Last, First, Middle Initial)

**B. MERKLE INC**

Mailing Address 100 JAMISON CT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2015

Transaction ID : **SB21-0.042584**

Amount of Each Disbursement this Period

28372.98

Full Name (Last, First, Middle Initial)

**C. OXFORD COMMUNICATIONS LLC**

Mailing Address PO BOX 1214

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : **SB21-0.042482**

Amount of Each Disbursement this Period

6357.20

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

36155.42

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 144 2ND ST  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SB21-0.042727**

Amount of Each Disbursement this Period

32.35

Full Name (Last, First, Middle Initial)

**B. PREFERRED COMMUNICATIONS**

Mailing Address 815 KING ST  
STE 209

City ALEXANDRIA State VA Zip Code 22314-3099

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : SB21-0.042483**

Amount of Each Disbursement this Period

21380.74

Full Name (Last, First, Middle Initial)

**C. PREFERRED COMMUNICATIONS**

Mailing Address 815 KING ST  
STE 209

City ALEXANDRIA State VA Zip Code 22314-3099

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21-0.042613**

Amount of Each Disbursement this Period

700.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

22113.09

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. PUBLIC OPINION STRATEGIES**

Mailing Address 214 N FAYETTE ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : SB21-0.042622

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**B. R.A.E., LLC**

Mailing Address 626 NORTH CAROLINA AVE., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

Transaction ID : SB21-0.042445

Amount of Each Disbursement this Period

12000.00

Full Name (Last, First, Middle Initial)

**C. REFLECTIONS PHOTOGRAPHY INC**

Mailing Address 631 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PHOTOGRAPHY SVC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SB21-0.042708

Amount of Each Disbursement this Period

127.20

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

27127.20



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. RESPONSE AMERICA LLC**

Mailing Address 1252 RAMBLING RILL CIR

City State Zip Code  
STATHAM GA 30666

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042484**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. RHA MARKETING**

Mailing Address 114 WEST THIRD ST

City State Zip Code  
WAYNESBORO PA 17268

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042427**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. RHA MARKETING**

Mailing Address 114 WEST THIRD ST

City State Zip Code  
WAYNESBORO PA 17268

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042614**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. SMS DIRECT INC**

Mailing Address 8461 VIRGINIA MEADOWS DRIVE

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042485**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST PUBLISHING AND MAILING**

Mailing Address 4000 SE ADAMS STREET

City TOPEKA State KS Zip Code 66609-1481

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042615**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. STAPLES CREDIT PLAN**

Mailing Address DEPT 11 - 0005396544  
PO BOX 183174

City COLUMBUS State OH Zip Code 43218-3174

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-0.042448**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. STARBOARD GROUP**

Mailing Address 7720 EAST BELLEVIEW AVE  
STE B-325

City GREENWOOD VILLAGE State CO Zip Code 80111

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.042474**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. STRATEGIC ADVANCE SERVICES LLC**

Mailing Address 611 PENNSYLVANIA AVE SE  
STE 267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
TRAVEL RESERVATION/BOOKING SVC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.042447**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. STRATEGIC PARTNERS & MEDIA INC**

Mailing Address 575 MAIN ST  
STE 251

City LAUREL State MD Zip Code 20707

Purpose of Disbursement  
MEDIA CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21-0.042475**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC MARKETING AND MAILING**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2015

Mailing Address 3002 N APOLLO DRIVE  
SUITE 6

**Transaction ID : SB21-0.042486**

City CHAMPAIGN State IL Zip Code 61822

Amount of Each Disbursement this Period

80665.41
----------

Purpose of Disbursement  
PRINTING

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. STRATEGIC MARKETING AND MAILING**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		17		2015

Mailing Address 3002 N APOLLO DRIVE  
SUITE 6

**Transaction ID : SB21-0.042568**

City CHAMPAIGN State IL Zip Code 61822

Amount of Each Disbursement this Period

33991.51
----------

Purpose of Disbursement  
POSTAGE

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. STRATEGIC FUNDRAISING INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2015

Mailing Address 2625 MOMENTUM PL

**Transaction ID : SB21-0.042585**

City CHICAGO State IL Zip Code 60689-5326

Amount of Each Disbursement this Period

132649.15
-----------

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

247306.07
-----------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC MARKETING AND MAILING**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2015

Mailing Address 3002 N APOLLO DRIVE  
SUITE 6

**Transaction ID : SB21-0.042616**

City CHAMPAIGN State IL Zip Code 61822

Amount of Each Disbursement this Period

32402.74
----------

Purpose of Disbursement  
PRINTING

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2015

Mailing Address 3180 18TH ST

**Transaction ID : SB21-0.042770**

City SAN FRANCISCO State CA Zip Code 94110

Amount of Each Disbursement this Period

6585.89
---------

Purpose of Disbursement  
BANK FEE

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2015

Mailing Address 3180 18TH ST

**Transaction ID : SB21-0.042784**

City SAN FRANCISCO State CA Zip Code 94110

Amount of Each Disbursement this Period

927.75
--------

Purpose of Disbursement  
BANK FEE

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

39916.38
----------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. SUMMIT OPEN SYSTEMS LLC**

Mailing Address PO BOX 841

City ARNOLD State MD Zip Code 21012

Purpose of Disbursement  
HQ ACCT - COMPUTER SUPPORT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : **SB21-0.042606**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 N FAIRFAX ST  
STE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB21-0.042725**

Amount of Each Disbursement this Period

607.50

Full Name (Last, First, Middle Initial)

**C. THE CATALYST GROUP**

Mailing Address 600 PENNSYLVANIA AVE SE  
STE 330

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

Transaction ID : **SB21-0.042440**

Amount of Each Disbursement this Period

3500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4407.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. THE COMPLIANCE CONSULTING COMPANY OF VA LLC**

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

Transaction ID : SB21-0.042443

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. THE LUKENS COMPANY**

Mailing Address 2800 SHIRLINGTON RD  
9TH FLOOR

City ARLINGTON State VA Zip Code 22206-3613

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : SB21-0.042612

Amount of Each Disbursement this Period

7472.14

Full Name (Last, First, Middle Initial)

**C. TMA DIRECT**

Mailing Address 2000 EDMUND HALLEY DR  
STE 250

City RESTON State VA Zip Code 20191

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : SB21-0.042487

Amount of Each Disbursement this Period

5141.54

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

22613.68

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. TRANSAMERICA RETIREMENT SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2015

Mailing Address PO BOX 30368

**Transaction ID : SB21-0.042491**

City State Zip Code  
LOS ANGELES CA 90099-9208

Amount of Each Disbursement this Period

22410.06
----------

Purpose of Disbursement  
RETIREMENT SERVICES

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. TRANSAMERICA RETIREMENT SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2015

Mailing Address PO BOX 30368

**Transaction ID : SB21-0.042625**

City State Zip Code  
LOS ANGELES CA 90099-9208

Amount of Each Disbursement this Period

22410.06
----------

Purpose of Disbursement  
RETIREMENT SERVICES

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. UNITED HEALTHCARE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2015

Mailing Address DEPARTMENT CH 10151

**Transaction ID : SB21-0.042601**

City State Zip Code  
PALATINE IL 60055-0151

Amount of Each Disbursement this Period

7758.90
---------

Purpose of Disbursement  
INSURANCE

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

52579.02
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. US MONITOR SERVICE**

Mailing Address 86 MAPLE AVE

City NEW YORK State NY Zip Code 10956-5092

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : SB21-0.042617

Amount of Each Disbursement this Period

620.29

Full Name (Last, First, Middle Initial)

**B. US POSTMASTER**

Mailing Address 900 BRENTWOOD ROAD NE

City WASHINGTON State DC Zip Code 20018-1004

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

Transaction ID : SB21-0.042430

Amount of Each Disbursement this Period

40000.00

Full Name (Last, First, Middle Initial)

**C. US POSTMASTER**

Mailing Address 900 BRENTWOOD ROAD NE

City WASHINGTON State DC Zip Code 20018-1004

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2015

Transaction ID : SB21-0.042589

Amount of Each Disbursement this Period

40000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

80620.29

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO BANK NA</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address 1753 PINNACLE DR		<b>Transaction ID : SB21-0.042426</b>
City MCLEAN	State VA	
Purpose of Disbursement INTEREST PAYMENT	Candidate Name	Amount of Each Disbursement this Period 11633.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO BANK NA</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2015
Mailing Address 1753 PINNACLE DR		<b>Transaction ID : SB21-0.042768</b>
City MCLEAN	State VA	
Purpose of Disbursement INTEREST PAYMENT	Candidate Name	Amount of Each Disbursement this Period 9031.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO BANK NA</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2015
Mailing Address 1753 PINNACLE DR		<b>Transaction ID : SB21-0.042775</b>
City MCLEAN	State VA	
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period 2145.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	22810.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. WILAND DIRECT**

Mailing Address PO BOX 174480

City DENVER State CO Zip Code 80217-4480

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : SB21-0.042488**

Amount of Each Disbursement this Period

11038.90

Full Name (Last, First, Middle Initial)

**B. VOTESANE PAC**

Mailing Address PO BOX 2713

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
CONDUIT DISTRIBUTION FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : SB21-0.042848**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. VOTESANE PAC**

Mailing Address PO BOX 2713

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
CONDUIT DISTRIBUTION FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : SB21-0.042850**

Amount of Each Disbursement this Period

125.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11213.90

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN NATIONAL COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Mailing Address 310 1ST ST SE

**Transaction ID : SB21-0.042605**

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

114271.00
-----------

Purpose of Disbursement  
HQ ACCT - RENT

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

114271.00
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2622228.40
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

## A. CALIFORNIA REPUBLICAN PARTY

Mailing Address 1215 K ST  
SUITE 1220

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Transaction ID : SB22-0.042571

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

## B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

## C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5000.00
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5000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. DONOVAN FOR CONGRESS**

Mailing Address 440 LEVERETT AVE

City State Zip Code  
STATEN ISLAND NY 10308

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**DAN DONOVAN**

Office Sought:  House  
 Senate  
 President  
State: NY District: 11

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2015

**Transaction ID : SB23-0.039674**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. PATRIOT DAY 1 2015**

Mailing Address 228 S WASHINGTON ST  
SUITE 115

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2015

**Transaction ID : SB23-0.039675**

Amount of Each Disbursement this Period

60000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

65000.00

**TOTAL** This Period (last page this line number only)..... ▶

65000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City State Zip Code  
MCLEAN VA 22101

Purpose of Disbursement  
LOAN REPAYMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB26-0.042766

Amount of Each Disbursement this Period

7000000.00

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK NA**

Mailing Address 1753 PINNACLE DR

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
LOAN REPAYMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 25 / 2015

Transaction ID : SB26-0.042786

Amount of Each Disbursement this Period

7000000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

14000000.00

14000000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

**A. DINESH PATEL**

Mailing Address PO BOX 58887

City State Zip Code  
SALT LAKE CITY UT 84158

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2015

**Transaction ID : SB28A-0.042602**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. RICHARD WESTMARK**

Mailing Address 22 WATERFORD OAKS LN

City State Zip Code  
KEMAH TX 77565

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2015

**Transaction ID : SB28A-0.042579**

Amount of Each Disbursement this Period

10000.00
----------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11000.00
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11000.00
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NRCC**

Full Name (Last, First, Middle Initial)

### A. JONES DAY

Mailing Address 51 LOUISIANA AVENUE NW

City WASHINGTON State DC Zip Code 20001-2113

Purpose of Disbursement  
RECOUNT - LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : SB29-0.042711

Amount of Each Disbursement this Period

5095.62
---------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5095.62
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5095.62
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**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **NRCC** Transaction ID : **SCHEDC\_2**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK, N.A. MEMO NOTE ON INTEREST: INTEREST RATE IS LIBOR + 2.8%.	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1445 A - LAUGHLIN AVENUE	
City MCLEAN State VA ZIP Code 22101	

Original Amount of Loan <input type="text" value="7000000.00"/>	Cumulative Payment To Date <input type="text" value="7000000.00"/>	Balance Outstanding at Close of This Period <input type="text" value="0.00"/>
--	---	--

**TERMS**

Date Incurred:  /  /  Date Due:  /  /  Interest Rate:  % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **NRCC** Transaction ID : **SCHEDC\_1**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) WELLS FARGO	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1753 PINNACLE DRIVE	
City MCLEAN State VA ZIP Code 22102	

Original Amount of Loan 10000000.00	Cumulative Payment To Date 10000000.00	Balance Outstanding at Close of This Period 0.00
--	---	---

**TERMS**

Date Incurred: MM/DD/YYYY (08/14/2014)      Date Due: MM/DD/YYYY (08/31/2015)      Interest Rate: 1.75 % (apr)      Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>NRCC</b>		Transaction ID : <b>SC1.001</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00075820	
LENDING INSTITUTION (LENDER) Full Name <b>CHAIN BRIDGE BANK, N.A.</b>		Amount of Loan <b>7000000.00</b>		Interest Rate (APR) <b>3.07</b> %	
Mailing Address 1445 A - LAUGHLIN AVENUE		Date Incurred or Established <b>03 / 24 / 2015</b>		Date Due <b>08 / 31 / 2015</b>	
City MCLEAN	State VA	Zip Code 22101	Back Ref <b>SCHEDC_2</b>		
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred			
B. If line of credit, Amount of this Draw: <b>7000000.00</b>		Total Outstanding Balance:		<b>0.00</b>	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>CURRENT AND FUTURE ASSETS</u>				What is the value of this collateral? <b>7000000.00</b>	
				Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the estimated value? _____	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <b>01 / 07 / 2015</b>		Location of account: CHAIN BRIDGE BANK, N.A. Address: 1445 A - LAUGHLIN AVENUE City, State, Zip: <b>MCLEAN VA</b>			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. MEMO NOTE ON INTEREST: INTEREST RATE IS LIBOR + 2.8%. SOFTWARE DOES NOT SUPPORT TEXT IN THE FIELD.					
G. COMMITTEE TREASURER Typed Name <b>KEITH A. DAVIS</b> Signature _____				DATE <b>04 / 13 / 2015</b>	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name <b>DAVID EVINGER</b> Signature <b>DAVID EVINGER</b>			[Electronically Filed]		DATE <b>04 / 13 / 2015</b>
			Title <b>EXEC. VICE PRESIDENT</b>		