

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2046 OF 4901

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

**A. JOHN, AMBALLUR, D., ,**

Mailing Address 2803 ELLIOTT ST

City  
BALTIMOREState  
MDZip Code  
21224-4854FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

JOHNS HOPKINS UNIVERSITY SCHOOL OF MED

Occupation (for Individual)

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2018

**Transaction ID : SA11A.17464087**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

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

**B. JOHN, AMBALLUR, D., ,**

Mailing Address 2803 ELLIOTT ST

City  
BALTIMOREState  
MDZip Code  
21224-4854FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

JOHNS HOPKINS UNIVERSITY SCHOOL OF MED

Occupation (for Individual)

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2018

**Transaction ID : SA11A.17464089**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

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

**C. JOHNSON, ANN, , MS.,**

Mailing Address 10306 CANDLEWOOD DR.

City  
HOUSTONState  
TXZip Code  
77042-1522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2018

**Transaction ID : SA11A.17453432**

Amount of Each Receipt this Period

10.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional)..... ►

210.00

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