

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

FOR LINE NUMBER: PAGE 2728 OF 3512

(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. STAFFORD, ANN, , ,**

Mailing Address 7929 MELANIE LANE

City  
BOKEELIAState  
FLZip Code  
33922-1512FEC 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 ▼

285.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
06	03	2019

**Transaction ID : SA11A.18123309**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
 CONTRIBUTION

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

**B. STAFFORD, ANN, , ,**

Mailing Address 7929 MELANIE LANE

City  
BOKEELIAState  
FLZip Code  
33922-1512FEC 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 ▼

285.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
06	30	2019

**Transaction ID : SA11A.18169426**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

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

**C. STALCUP, OBIE L, , ,**

Mailing Address 4803 18TH

City  
LUBBOCKState  
TXZip Code  
79416-5607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

GRACE CLINC LUBBOCK

Occupation (for Individual)

M.D. UROLOGY

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
06	19	2019

**Transaction ID : SA11A.18152203**

Amount of Each Receipt this Period

100.00

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

235.00

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