

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

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

FOR LINE NUMBER: PAGE 1576 OF 10882

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NRCC**

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

**A. DODGE, ROBERT, M., MR.,**

Mailing Address 1169 N. ANTILLES CIRCLE

City  
SALT LAKE CITY

State  
UT

Zip Code  
84116-4390

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
NEW YORK LIFE

Occupation (for Individual)  
INSURANCE AND SECURITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.60

Date of Receipt

**10 / 07 / 2019**

**Transaction ID : SA11A.18436865**

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

**B. DODGE, ROBERT, M., MR.,**

Mailing Address 1169 N. ANTILLES CIRCLE

City  
SALT LAKE CITY

State  
UT

Zip Code  
84116-4390

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
NEW YORK LIFE

Occupation (for Individual)  
INSURANCE AND SECURITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.60

Date of Receipt

**10 / 07 / 2019**

**Transaction ID : SA11A.18437284**

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**C. DODGE, ROBERT, M., MR.,**

Mailing Address 1169 N. ANTILLES CIRCLE

City  
SALT LAKE CITY

State  
UT

Zip Code  
84116-4390

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
NEW YORK LIFE

Occupation (for Individual)  
INSURANCE AND SECURITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

666.60

Date of Receipt

**10 / 07 / 2019**

**Transaction ID : SA11A.18437570**

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

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

55.00