

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

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

FOR LINE NUMBER: PAGE 1578 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

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2019

Transaction ID : SA11A.18503798

Amount of Each Receipt this Period

35.00

☐ 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

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2019

Transaction ID : SA11A.18503799

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

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2019

Transaction ID : SA11A.18503801

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

75.00

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