

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

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

FOR LINE NUMBER: PAGE 2744 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. HOSKINS, WILLIAM, K., MR.,**

Mailing Address 27 HARVEST CIR

City  
LINCOLN

State  
MA

Zip Code  
01773-3213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOSKINS AND ASSOCIATES

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4010.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2019

Transaction ID : SA11A.18493270

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. HOST, MARGUERITE, , ,**

Mailing Address 797 GREENS

City  
DALLAS

State  
PA

Zip Code  
18612-1864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WYOMING VALLEY PATHOLOGY

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2019

Transaction ID : SA11A.18518516

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. HOSTETLER, CHARLES, , ,**

Mailing Address 4305 FOXHAVEN AVE. NW

City  
CANTON

State  
OH

Zip Code  
44718-2764

FEC 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2019

Transaction ID : SA11A.18484804

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

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

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

1260.00