

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

FOR LINE NUMBER: PAGE 9815 OF 10882

(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. JUDD, WALLACE, , ,**Mailing Address 673 POTOMAC STATION DR. NE  
NO 810City  
LEESBURGState  
VAZip Code  
20176-1819FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AUTHENTIC TESTING CORP.Occupation (for Individual)  
PSYCHOMETRICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11A.18524382

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154807.51

Date of Receipt

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

Transaction ID : SA11C.18524235105504

Amount of Each Receipt this Period

500.00

☒ Memo Item  
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**C. JUDD, WALLACE, , ,**Mailing Address 673 POTOMAC STATION DR. NE  
NO 810City  
LEESBURGState  
VAZip Code  
20176-1819FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AUTHENTIC TESTING CORP.Occupation (for Individual)  
PSYCHOMETRICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11A.18524384

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

1000.00