

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

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

FOR LINE NUMBER: PAGE 1868 OF 18201

(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. PADUCH, CAROLYN, , ,**

Mailing Address 3637 HONEYWOOD DR.

City  
JOHNSON CITY

State  
TN

Zip Code  
37604-1480

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 ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2019

**Transaction ID : SA11A.18757643**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. PAGE, CHERYL, L., MS.,**

Mailing Address 13 PIPESTONE DR.

City  
MIAMISBURG

State  
OH

Zip Code  
45342-6603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MIAMI VALLEY HOSPITAL

Occupation (for Individual)  
NURSE/RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2019

**Transaction ID : SA11A.18760485**

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

**C. PAGE, RICHARD, W., MR.,**

Mailing Address 274 SHANERS RUN P O BOX 62

City  
EAGLES MERE

State  
PA

Zip Code  
17731-0062

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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2019

**Transaction ID : SA11A.18677252**

Amount of Each Receipt this Period

130.00

☐ Memo Item  
CONTRIBUTION

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

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

380.00