

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

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

FOR LINE NUMBER: PAGE 2095 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. ROBBINS, ALICE, L., MS.,

Mailing Address 5309 THRASHER DRIVE

City
CINCINNATIState
OHZip Code
45247-7534FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : SA11A.18783227

Amount of Each Receipt this Period

160.00

☐ Memo Item
CONTRIBUTION

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

B. ROBBINS, KIRK, , ,

Mailing Address 231 EAST PENDLE ST

City
SOUTH BENDState
INZip Code
46637-3433FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

KILL ARCHITECTURE AND PLANNING

Occupation (for Individual)

ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2019

Transaction ID : SA11A.18665537

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. ROBERTS, CAROLYN, , ,

Mailing Address 1164 JACK TREAS ROAD

City
BENTONState
KYZip Code
42025-4728FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CARING PEOPLE SERVICES

Occupation (for Individual)

R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2019

Transaction ID : SA11A.18773952

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

260.00

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