

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

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

FOR LINE NUMBER: PAGE 2716 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. WILSON, TRACEY, , ,

Mailing Address 285 MAPLE LN

City
NEW CANEY

State
TX

Zip Code
77357-2812

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHI ST LUKES

Occupation (for Individual)
RESPIRATORY THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1045.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2019

Transaction ID : SA11A.18687878

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. WILSON, TRACEY, , ,

Mailing Address 285 MAPLE LN

City
NEW CANEY

State
TX

Zip Code
77357-2812

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHI ST LUKES

Occupation (for Individual)
RESPIRATORY THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1045.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2019

Transaction ID : SA11A.18705292

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. WILSON, WELDON, , MR.,

Mailing Address 3930 ALOMAR DR.

City
SHERMAN OAKS

State
CA

Zip Code
91423-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KRAMER-WILSON CO

Occupation (for Individual)
INSURANCE BUSINESS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2019

Transaction ID : SA11A.18700144

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

560.00

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