

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 3099 OF 16767

(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. DODGE, ROBERT, M., MR.,

Mailing Address 1169 N. ANTILLES CIRCLE

City
SALT LAKE CITYState
UTZip Code
84116-4390FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEW YORK LIFEOccupation (for Individual)
INSURANCE AND SECURITIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03 | 06 | 2020 |

Transaction ID : SA11A.19166563

Amount of Each Receipt this Period

5.00

☐ 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 ▼

12726434.18

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03 | 06 | 2020 |

Transaction ID : SA11C.1916493222093

Amount of Each Receipt this Period

25.00

☒ 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. DODGE, ROBERT, M., MR.,

Mailing Address 1169 N. ANTILLES CIRCLE

City
SALT LAKE CITYState
UTZip Code
84116-4390FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEW YORK LIFEOccupation (for Individual)
INSURANCE AND SECURITIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03 | 06 | 2020 |

Transaction ID : SA11A.19166564

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

30.00