

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. LYNCH, JEFFREY, , ,**

Mailing Address 5922 MAPLESHADE LANE

City  
DALLAS

State  
TX

Zip Code  
75252-2353

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE LYNCH LAW FIRM

Occupation (for Individual)  
TRIAL ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2019

**Transaction ID : SA11A.17906209**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. LYNCH, JEFFREY, , ,**

Mailing Address 5922 MAPLESHADE LANE

City  
DALLAS

State  
TX

Zip Code  
75252-2353

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE LYNCH LAW FIRM

Occupation (for Individual)  
TRIAL ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

**Transaction ID : SA11A.17921910**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. LYZUN, QUINN, TIMOTHY, ,**

Mailing Address 41 SANTA BARBARA DR.

City  
RANCHO PALOS VERDES

State  
CA

Zip Code  
90275-6607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OPTOS

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

**Transaction ID : SA11A.17894610**

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

435.00

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