

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

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

FOR LINE NUMBER: PAGE 1528 OF 3275

(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. LANTINGA, HERBERT, D., MR.,

Mailing Address 7358 CASCADE ROAD SE

City
GRAND RAPIDS

State
MI

Zip Code
49546-9108

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2019

Transaction ID : SA11A.18088458

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. LAPINSKI, MATHEW, , MR.,

Mailing Address 1210 R ST NW
APT 304

City
WASHINGTON

State
DC

Zip Code
20009-4388

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CROSSROADS STRATEGIES

Occupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 26 / 2019

Transaction ID : SA11A.18107242

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. LAPOINT, BRAD, , MR.,

Mailing Address 4005 VISTA PARK COURT

City
SACRAMENTO

State
CA

Zip Code
95834-1966

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
MEDICAL DEVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 27 / 2019

Transaction ID : SA11A.18108065

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

450.00