

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

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

FOR LINE NUMBER: PAGE 7184 OF 12165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NRCC

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

A. AAKER, RANDY, , ,

Mailing Address 3904 BILBRAY ST.

City
MILTONState
FLZip Code
32571-2402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RANDY AAKER CONSTRUCTIONOccupation (for Individual)
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2020

Transaction ID : SA11A.19067397

Amount of Each Receipt this Period

50.00

☐ 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 ▼

8666729.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2020

Transaction ID : SA11C.1906152692642

Amount of Each Receipt this Period

50.00

☒ 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. PELLMAN, CARL, M., DR., M.D.

Mailing Address 151 WEST 93 ST

City
NEW YORKState
NYZip Code
10025-7551FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOUNT SINAI MEDICAL SERVICESOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2020

Transaction ID : SA11A.19067399

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

100.00