

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 139 OF 5394

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. ANGELOTTI, EUGENE, , ,

Mailing Address 23157 OLD INLET BRIDGE DRIVE

City
BOCA RATONState
FLZip Code
33433-6827FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ANGELOTTI ADJUSTMENTS LLCOccupation (for Individual)
PUBLIC INSURANCE ADJUSTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

Transaction ID : SA11A.18250115

Amount of Each Receipt this Period

150.00

☐ Memo Item
 CONTRIBUTION

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

B. ANGELUCCI, LOUIS, , ,

Mailing Address 212 HYACINTH DR.

City
MORRISVILLEState
PAZip Code
19067-6015FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2019

Transaction ID : SA11A.18288511

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

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

C. ANGEL, MICHELE, , ,

Mailing Address 34 HEARTHSHIRE CIRCLE

City
MAGNOLIAState
TXZip Code
77354-3499FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2019

Transaction ID : SA11A.18302732

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....▶

210.00

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