

# **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. BECK, RONALD, , MR.,**

Mailing Address 136 PLEASANT RIDGE DR.

#8

City

EDWARDSVILLE

State

IL

Zip Code

62025-3315

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BECK AND COMPANY

Occupation (for Individual)

INSURANCE BROKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID : SA11A.18251301

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. BECK, RONALD, , MR.,**

Mailing Address 136 PLEASANT RIDGE DR.

#8

City

EDWARDSVILLE

State

IL

Zip Code

62025-3315

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BECK AND COMPANY

Occupation (for Individual)

INSURANCE BROKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2019

Transaction ID : SA11A.18260954

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. BECKER, BRUCE, B., MR.,**

Mailing Address 5363 BALBOA BOULEVARD

246

City

ENCINO

State

CA

Zip Code

91316-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2019

Transaction ID : SA11A.18269592

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)..... ►

160.00