

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

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

FOR LINE NUMBER: PAGE 150 OF 2813

(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. BECK, RONALD, , MR.,

Mailing Address 14 SILVER OAKS LANE
#8

City
EDWARDSVILLE

State
IL

Zip Code
62025-3767

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2019

Transaction ID : SA11A.18013817

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 14 SILVER OAKS LANE
#8

City
EDWARDSVILLE

State
IL

Zip Code
62025-3767

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2019

Transaction ID : SA11A.18021712

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 ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2019

Transaction ID : SA11A.18037792

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