

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2501 OF 8243

(check only one)

<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
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NAME OF COMMITTEE (In Full)

**NRCC**

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

**A. GREEN, DEBORAH, , MS.,**

Mailing Address 158 ALICE SPRINGS LN

City  
WEATHERFORDState  
TXZip Code  
76085-9412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2019

**Transaction ID : SA11A.18386743**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

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

**B. GREENSPAN, ELLIOTT, I., MR.,**

Mailing Address 6962 SPRUCE HILL COURT

City  
BLOOMFIELD HILLSState  
MIZip Code  
48301-3704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WHCOccupation (for Individual)  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2019

**Transaction ID : SA11A.18371738**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

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

**C. GREENSPAN, ELLIOTT, I., MR.,**

Mailing Address 6962 SPRUCE HILL COURT

City  
BLOOMFIELD HILLSState  
MIZip Code  
48301-3704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WHCOccupation (for Individual)  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2019

**Transaction ID : SA11A.18393694**

Amount of Each Receipt this Period

50.00

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

125.00

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