

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

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

FOR LINE NUMBER: PAGE 3688 OF 8243

(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. LEATHERMAN, LOIS, , ,**

Mailing Address 2255 SW BROOKHAVEN WAY  
10 10

City  
PALM CITY

State  
FL

Zip Code  
34990-5751

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JUPITER MEDICAL CENTER

Occupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 27 / 2019

**Transaction ID : SA11A.18397626**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. LEAVENS, LINK, , MR.,**

Mailing Address 1202 WESTRIDGE DR.

City  
VENTURA

State  
CA

Zip Code  
93003-1456

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CERVENS RANKINS

Occupation (for Individual)  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

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

**Transaction ID : SA11A.18332499**

Amount of Each Receipt this Period

251.00

☐ Memo Item  
CONTRIBUTION

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

**C. LEAVENS, RICHARD, ALLEN, MR.,**

Mailing Address 100 POPPE LN  
APT 106

City  
NASHUA

State  
IA

Zip Code  
50658-9705

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

**Transaction ID : SA11A.18390379**

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)..... ►

376.00