

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

FOR LINE NUMBER: PAGE 7501 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. SINACORI, LISA, , ,**

Mailing Address 3526 CARROLLTON AVE

City  
WANTAGHState  
NYZip Code  
11793-2930FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SINACORI AGENCYOccupation (for Individual)  
INSURANCE BROKER

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
09		25		2019

**Transaction ID : SA11A.18389318**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WIN RED

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

**B. SMITH, FLOYD, , ,**

Mailing Address 4317 55TH AVE NE

City  
SEATTLEState  
WAZip Code  
98105-4949FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE POLYCLINICOccupation (for Individual)  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

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

**Transaction ID : SA11A.18389121**

Amount of Each Receipt this Period

5.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WIN RED

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

**C. SMITH, FLOYD, , ,**

Mailing Address 4317 55TH AVE NE

City  
SEATTLEState  
WAZip Code  
98105-4949FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE POLYCLINICOccupation (for Individual)  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

415.00

Date of Receipt

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

**Transaction ID : SA11A.18389123**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WIN RED

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00