

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

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

FOR LINE NUMBER: PAGE 1272 OF 4387

(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. GALINDO, ADAY, , ,

Mailing Address 5824 HUBBARD DRIVE

City
ROCKVILLE

State
MD

Zip Code
20852-4818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DESING & BUILD

Occupation (for Individual)
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2019

Transaction ID : SA11A.18188011

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. GALINDO, ADAY, , ,

Mailing Address 5824 HUBBARD DRIVE

City
ROCKVILLE

State
MD

Zip Code
20852-4818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DESING & BUILD

Occupation (for Individual)
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2019

Transaction ID : SA11A.18215964

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. GALITA, DAN, , ,

Mailing Address 9241 HIGHLAND DRIVE

City
BRECKSVILLE

State
OH

Zip Code
44141-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CUYAHOGA COUNTY MEDICAL EXAMINER'S OFF

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
07 / 22 / 2019

Transaction ID : SA11A.18206995

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)..... ►

250.00