

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

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

FOR LINE NUMBER: PAGE 1273 OF 4387

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NRCC

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

A. 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 / 24 / 2019

Transaction ID : SA11A.18215844

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. 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 / 24 / 2019

Transaction ID : SA11A.18215846

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 / 31 / 2019

Transaction ID : SA11A.18235848

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

300.00

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