

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

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

FOR LINE NUMBER: PAGE 1838 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. KANE, MIKE, , ,

Mailing Address 2300 LAKEVIEW PARKWAY
SUITE 700

City
ALPHARETTA

State
GA

Zip Code
30009-9066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

RETIREMENT PLAN CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2019

Transaction ID : SA11A.18171036

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. KANE, MIKE, , ,

Mailing Address 2300 LAKEVIEW PARKWAY
SUITE 700

City
ALPHARETTA

State
GA

Zip Code
30009-9066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

RETIREMENT PLAN CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2019

Transaction ID : SA11A.18190347

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. KANE, WILLIAM, , MR., M.D.

Mailing Address 60109 DAVIE

City
CHAPEL HILL

State
NC

Zip Code
27517-8467

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

DUKE UNIVERSITY

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2019

Transaction ID : SA11A.18199255

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

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

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

210.00