

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. VANDEMARK, MICHELLE, , ,

Mailing Address 2041 MORNING GLORY

City
LIMA

State
OH

Zip Code
45807-1486

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MICHELLE VANDEMARK

Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2019

Transaction ID : SA11A.18180710

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. VANDERLINDE, ROBERT, , ,

Mailing Address 3 ELMWOOD HILL LN

City

ROCHESTER

State

NY

Zip Code

14610-3445

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 Y
07 / 23 / 2019

Transaction ID : SA11A.18211360

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. VANDERMOLLEN, WILLIAM, , MR.,

Mailing Address 20016 SOUTH WHITE LANE

City

OREGON CITY

State

OR

Zip Code

97045-9763

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OREGON ANESTHESIOLOGY GROUP

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2019

Transaction ID : SA11A.18220375

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

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

170.00