

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

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

FOR LINE NUMBER: PAGE 1501 OF 13346

(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. FRANKO, ANDREW, , MR.,**

Mailing Address 4061 CONFERENCE RD

City  
BELLBROOK

State  
OH

Zip Code  
45305-8915

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FLUID QUIP INC

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2019

Transaction ID : SA11A.18614650

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. FRANK, ANTON, , ,**

Mailing Address 145610 82D STREET N

City  
LOXAHATCHEE

State  
FL

Zip Code  
33470-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PGA NATIONAL

Occupation (for Individual)  
HOTEL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2019

Transaction ID : SA11A.18601345

Amount of Each Receipt this Period

20.20

☐ Memo Item  
CONTRIBUTION

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

**C. FRANK, DEBRA, , MS.,**

Mailing Address 4768 S CLASSICAL BLVD

City  
DELRAY BEACH

State  
FL

Zip Code  
33445-1225

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BOCA NURSING

Occupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 12 / 2019

Transaction ID : SA11A.18580977

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

120.20