

# **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)

PAGE 1625 OF 3512

☒ 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. LAPINSKI, MATHEW, , MR.,**

Mailing Address 1210 R ST NW  
APT 304

City  
WASHINGTON

State  
DC

Zip Code  
20009-4388

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CROSSROADS STRATEGIES

Occupation (for Individual)  
PARTNER

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  
06 / 26 / 2019

**Transaction ID : SA11A.18163146**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. LAPOINT, BRAD, , MR.,**

Mailing Address 4005 VISTA PARK COURT

City  
SACRAMENTO

State  
CA

Zip Code  
95834-1966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
MEDICAL DEVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2019

**Transaction ID : SA11A.18165368**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. LAPORTA, ANTHONY, , ,**

Mailing Address P.O. BOX 1322

City  
TARPON SPRINGS

State  
FL

Zip Code  
34688-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALL SAINTS CATHOLIC CHURCH

Occupation (for Individual)  
MAINTENANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2019

**Transaction ID : SA11A.18122997**

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

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

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

210.00