

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

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

FOR LINE NUMBER: PAGE 511 OF 27103

(check only one)

☒ 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. KLYM, ROBERT, , MR.,

Mailing Address 208 SUGAR HOLLOW ROAD

City  
 HENDERSONVILLE

State  
 NC

Zip Code  
 28739-7810

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 HRC

Occupation (for Individual)  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2020

Transaction ID : SA11A.19487686

Amount of Each Receipt this Period

10.00

☐ Memo Item  
 CONTRIBUTION

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

B. KNAPP, JOHN, , ,

Mailing Address 3201 S UNION AVE

City  
 CHICAGO

State  
 IL

Zip Code  
 60616-3409

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2020

Transaction ID : SA11A.19422501

Amount of Each Receipt this Period

150.00

☐ Memo Item  
 CONTRIBUTION

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

C. KNAPP, MARCIA, , MS.,

Mailing Address 10 E. RIDGE DRIVE

City  
 LEXINGTON

State  
 IL

Zip Code  
 61753-1608

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 KEEP IN TOUCH DESIGNS

Occupation (for Individual)  
 SELF EMPLOYED

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  
 04 / 26 / 2020

Transaction ID : SA11A.19479950

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

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

260.00

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