

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

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

FOR LINE NUMBER: PAGE 432 OF 10882

(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. BENJAMIN, EMANUEL, V., MR., III**

Mailing Address 2305 COLISEUM ST

City  
NEW ORLEANS

State  
LA

Zip Code  
70130-5768

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2019

**Transaction ID : SA11A.18517710**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. BENJEY, JANE, , ,**

Mailing Address P O BOX 1074

City  
BOUSE

State  
AZ

Zip Code  
85325-1074

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BLACK ROCK RV VILLAGE

Occupation (for Individual)  
OFFICE CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2019

**Transaction ID : SA11A.18521958**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. BENNETT, BARBARA, , ,**

Mailing Address 4425 MCINTOSH PARK DR.  
401

City  
SARASOTA

State  
FL

Zip Code  
34232-6567

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FAMILY HOME HEALTH SERVICES

Occupation (for Individual)  
OCCUPATIONAL THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2019

**Transaction ID : SA11A.18441914**

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

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

155.00