

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

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

FOR LINE NUMBER: PAGE 1018 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. CEO, JOSEPH, S., MR.,

Mailing Address 982 CELIA LN

City  
LEXINGTON

State  
KY

Zip Code  
40504-2255

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 29 / 2019

Transaction ID : SA11A.18513035

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. CESPED, RICARDO, , ,

Mailing Address 970 WEDGE COURT

City  
INCLINE VILLAGE

State  
NV

Zip Code  
89451-8947

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 ▼

1250.00

Date of Receipt

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

Transaction ID : SA11A.18442035

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

C. CESPED, RICARDO, , ,

Mailing Address 970 WEDGE COURT

City  
INCLINE VILLAGE

State  
NV

Zip Code  
89451-8947

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 ▼

1250.00

Date of Receipt

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

Transaction ID : SA11A.18448145

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

400.00

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