

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

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

FOR LINE NUMBER: PAGE 5970 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. TESTANI, JOSEPH, M., ,

Mailing Address 90 BAY ST LANDING
8I

City
STATEN ISLAND

State
NY

Zip Code
10301-2658

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DOWNSTATE MED CENTER

Occupation (for Individual)
HEALTH CARE ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2019

Transaction ID : SA11A.18423343

Amount of Each Receipt this Period

20.20

☐ Memo Item
CONTRIBUTION

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

B. TESTANI, JOSEPH, M., ,

Mailing Address 90 BAY ST LANDING
8I

City
STATEN ISLAND

State
NY

Zip Code
10301-2658

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DOWNSTATE MED CENTER

Occupation (for Individual)
HEALTH CARE ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2019

Transaction ID : SA11A.18423348

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. TESTANI, JOSEPH, M., ,

Mailing Address 90 BAY ST LANDING
8I

City
STATEN ISLAND

State
NY

Zip Code
10301-2658

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DOWNSTATE MED CENTER

Occupation (for Individual)
HEALTH CARE ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2019

Transaction ID : SA11A.18423349

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