

# **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 5971 OF 10882

☒ 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. 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  
10 / 29 / 2019

**Transaction ID : SA11A.18508509**

Amount of Each Receipt this Period

35.00

☐ 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  
10 / 29 / 2019

**Transaction ID : SA11A.18508512**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. TET, ALEXANDRU, , MR.,**

Mailing Address 18787 CARLTON AVE CASTRO VALLEY

City  
CASTRO VALLEY

State  
CA

Zip Code  
94519-

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 ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2019

**Transaction ID : SA11A.18453781**

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)..... ►

120.00