

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

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

FOR LINE NUMBER: PAGE 1190 OF 18201

(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. IVERSEN, AL, , MR.,**

Mailing Address P.O. BOX 610

City  
CHANHASSEN

State  
MN

Zip Code  
55317-0610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PMT

Occupation (for Individual)  
FXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 27 / 2019

**Transaction ID : SA11A.18774919**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. IVERS, DONALD, , MR.,**

Mailing Address 1511 PAUL SPRING PARKWAY

City  
ALEXANDRIA

State  
VA

Zip Code  
22308-1143

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  
12 / 30 / 2019

**Transaction ID : SA11A.18777477**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. IWUORIE, RICHARD, , MR.,**

Mailing Address 3800 WOODLEA AVENUE

City  
BALTIMORE

State  
MD

Zip Code  
21206-5034

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MARYLAND STATE DEPT OF HUMAN SERVICES

Occupation (for Individual)  
CASE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

305.00

Date of Receipt

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

**Transaction ID : SA11A.18705483**

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

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

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

1250.00