

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

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

FOR LINE NUMBER: PAGE 2765 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. YOO, MYUNG, DEBORAH, ,**

Mailing Address 3455 HIGHGATE HILLS DR.

City  
DULUTH

State  
GA

Zip Code  
30097-5131

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PILGRIM'S CHURCH

Occupation (for Individual)  
PASTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2019

**Transaction ID : SA11A.18689941**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. YORIO, ROSEANNE, , ,**

Mailing Address 70 STETSON PL

City  
DANBURY

State  
CT

Zip Code  
06811-3876

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EYECARE CENTER OF STAMFORD, LLC

Occupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2019

**Transaction ID : SA11A.18685378**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. YORK, RAYMON, A., MR.,**

Mailing Address 23005 N 74ST #1213

City  
SCOTTSDALE

State  
AZ

Zip Code  
85255-7506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LANDSCAPE PRODUCTS INC

Occupation (for Individual)  
MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2019

**Transaction ID : SA11A.18777920**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

650.00