

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

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

FOR LINE NUMBER: PAGE 15674 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. HERMAN, JUNE, , ,**

Mailing Address 9 DEBORA DRIVE

City  
PLAINVIEW

State  
NY

Zip Code  
11803-6222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

MID NASSAU MEDICAL CARE FOR KIDZ, LLC

Occupation (for Individual)

OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

**12 / 30 / 2019**

**Transaction ID : SA11A.18787152**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5443536.91

Date of Receipt

**12 / 30 / 2019**

**Transaction ID : SA11C.18786100114682**

Amount of Each Receipt this Period

50.00

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**C. SCHAEFFER, ADELE, , ,**

Mailing Address 237 S 18TH ST  
2B

City  
PHILADELPHIA

State  
PA

Zip Code  
19103-6161

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 ▼

350.00

Date of Receipt

**12 / 30 / 2019**

**Transaction ID : SA11A.18787153**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

75.00