

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

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

FOR LINE NUMBER: PAGE 128 OF 1654

(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. BRAUTBAR, NACHMAN, , DR.,

Mailing Address 10808 ASHTON AVE

City
LOS ANGELES

State
CA

Zip Code
90024-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N BRAUTBAR M.D.

Occupation (for Individual)
M.D.

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
02 / 01 / 2019

Transaction ID : SA11A.17872600

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. BREDICE, PHYLLIS, M., MS.,

Mailing Address 3005 S LEISURE WORLD BLVD
APT 507

City
SILVER SPRING

State
MD

Zip Code
20906-8334

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2019

Transaction ID : SA11A.17895576

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

C. BREDICE, PHYLLIS, M., MS.,

Mailing Address 3005 S LEISURE WORLD BLVD
APT 507

City
SILVER SPRING

State
MD

Zip Code
20906-8334

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2019

Transaction ID : SA11A.17918805

Amount of Each Receipt this Period

400.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

950.00

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