

**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 425 OF 1046 | | | | |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 | <input type="checkbox"/> 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)
NRSC

| | | | | |
|---|-------------|--|---|--|
| Full Name (Last, First, Middle Initial) A. MR. DAVID LEVINE | | | Date of Receipt 08 / 14 / 2015 | |
| Mailing Address 8 E 83RD ST APT. 2D | | | Transaction ID : SA11.11575487 | |
| City NEW YORK | State NY | Zip Code 10028- | Amount of Each Receipt this Period 1100.00 | |
| FEC ID number of contributing federal political committee. C | | | CONTRIBUTION | |
| Name of Employer INFORMATION REQUESTED PER BEST EFF | | Occupation INFORMATION REQUESTED PER BEST EFF | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1100.00 | | |

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|---|-------------|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. MR. DAVID LEVINE | | | Date of Receipt 08 / 17 / 2015 | |
| Mailing Address 8841 SE ELDORADO WAY | | | Transaction ID : SA11.11593777 | |
| City HOBE SOUND | State FL | Zip Code 33455-8919 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | | CONTRIBUTION | |
| Name of Employer RETIRED | | Occupation RETIRED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 400.00 | | |

| | | | | |
|---|-------------|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. MR. LAWRENCE LEVIN | | | Date of Receipt 08 / 17 / 2015 | |
| Mailing Address 803 SHERIDAN ROAD | | | Transaction ID : SA11.11594570 | |
| City GLENCOE | State IL | Zip Code 60022-1340 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | | CONTRIBUTION | |
| Name of Employer L.R. LEVIN CONSULTING,L.L.C. | | Occupation CONSULTANT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 800.00 | | |

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|---|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1250.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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