

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NRSC

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

A. WINRED

Mailing Address P.O. 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 ▼

12993736.90

Date of Receipt

03 / **05** / **2020**

Transaction ID : SA11C.1492853023434

Amount of Each Receipt this Period

25.00

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

B. ASHDOWN, DIANA, , ,

Mailing Address 2962 FALLEHN DR.

City
CORTLAND

State
OH

Zip Code
44410-9233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

03 / **05** / **2020**

Transaction ID : SA11A.14929992

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

C. WINRED

Mailing Address P.O. 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 ▼

12993736.90

Date of Receipt

03 / **05** / **2020**

Transaction ID : SA11C.1492853023436

Amount of Each Receipt this Period

51.00

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

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

25.00