

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

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

FOR LINE NUMBER: PAGE 7719 OF 19481

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. KULLIJIAN, JOHN, , ,

Mailing Address 5803 BRIDLEWOOD DR.

City  
RICHMONDState  
TXZip Code  
77469-7303FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2020

Transaction ID : SA11A.14982259

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

B. WINRED

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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

M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2020

Transaction ID : SA11C.1498108175939

Amount of Each Receipt this Period

4.00

☒ 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. ZINN, DAVID, , ,

Mailing Address 720 E 6TH ST

City  
ANNISTONState  
ALZip Code  
36207-5831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEARMCOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1357.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2020

Transaction ID : SA11A.14982261

Amount of Each Receipt this Period

4.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

34.00