

# **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 646 OF 29376

☒ 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. SANNAR, JULIET, , ,**

Mailing Address 17032 AVENUE 296

City  
VISALIA

State  
CA

Zip Code  
93292-9601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SAL BASIC CORPORATION

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1454.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

**Transaction ID : SA11A.15326247**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. SANSON, JEFF, , ,**

Mailing Address 3716 CROTON AVE

City  
CLEVELAND

State  
OH

Zip Code  
44115-3406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE SANSON CO

Occupation (for Individual)  
FOOD DIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2020

**Transaction ID : SA11A.15260909**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. SANTIAGO, THERESINA, , ,**

Mailing Address 22625 EDGEWATER RD

City  
ELKHORN

State  
NE

Zip Code  
68022-3504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FRANCISCAN MONASTERY OF ST CLARE

Occupation (for Individual)  
CATHOLIC NUN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2020

**Transaction ID : SA11A.15287991**

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

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

1550.00