

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12672 OF 29376

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**NRSC**

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

**A. BRODSKY, RONALD, , ,**

Mailing Address 12746 MARTHA ANN DR.

City  
LOS ALAMITOSState  
CAZip Code  
90720-4961FEC 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 ▼

587.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2020

Transaction ID : SA11A.15190418

Amount of Each Receipt this Period

35.00

☐ 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 ▼

19277337.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2020

Transaction ID : SA11C.1518614592959

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

**C. TESTANI, JOSEPH, M, ,**

Mailing Address 90 BAY STREET LNDG

City  
STATEN ISLANDState  
NYZip Code  
10301-2658FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DOWNSTATE MED CENTEROccupation (for Individual)  
HEALTH CARE ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

798.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2020

Transaction ID : SA11A.15190426

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

60.00