

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

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

FOR LINE NUMBER: PAGE 13650 OF 29376

(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. HINES, J, C, ,

Mailing Address 80 MILTON AVE

City  
ALPHARETTA

State  
GA

Zip Code  
30009-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALPHARETTA ANIMAL HOSPITAL

Occupation (for Individual)  
VETERINARIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1016.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

Transaction ID : SA11A.15196085

Amount of Each Receipt this Period

4.00

☐ 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  
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 ▼

19277337.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

Transaction ID : SA11C.1519285198625

Amount of Each Receipt this Period

500.00

☒ 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. HINES, J, C, ,

Mailing Address 80 MILTON AVE

City  
ALPHARETTA

State  
GA

Zip Code  
30009-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALPHARETTA ANIMAL HOSPITAL

Occupation (for Individual)  
VETERINARIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1016.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

Transaction ID : SA11A.15196089

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

504.00