

# **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 ▼

19277337.06

Date of Receipt

**04** / **25** / **2020**

**Transaction ID : SA11C.15268558174460**

Amount of Each Receipt this Period

100.00

☒ 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. FLOWERS, BRENDA, , ,**

Mailing Address 2108 SHOSHONI TRL S

City  
CODY

State  
WY

Zip Code  
82414-4915

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
HOME HEALTH CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

**04** / **25** / **2020**

**Transaction ID : SA11A.15271806**

Amount of Each Receipt this Period

100.00

☐ 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 ▼

19277337.06

Date of Receipt

**04** / **25** / **2020**

**Transaction ID : SA11C.15268558174461**

Amount of Each Receipt this Period

10.00

☒ 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)..... ►

100.00