

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

FOR LINE NUMBER: PAGE 28234 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. SMITH, FLOYD, , ,

Mailing Address 4317 55TH AVE NE

City
SEATTLEState
WAZip Code
98105-4949FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE POLYCLINICOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

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

Transaction ID : SA11A.15316626

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

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		30		2020

Transaction ID : SA11C.15305607219082

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

C. CALVIN, LINDA, L, ,

Mailing Address 839 BRIGHT STAR ST

City
THOUSAND OAKSState
CAZip Code
91360-1004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONEJO VALLEY UNIFIED SCHOOL DISTRICTOccupation (for Individual)
CONSULTANT/EVALUATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

990.00

Date of Receipt

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

Transaction ID : SA11A.15316632

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

200.00