

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

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

FOR LINE NUMBER: PAGE 305 OF 1480

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 (Last, First, Middle Initial) <b>A. MR. SIMON FALIC</b>			Date of Receipt 12 22 2015		
Mailing Address 150 HARBOUR WAY			Transaction ID : SA11.11701077		
City BAL HARBOUR	State FL	Zip Code 33154-1333	Amount of Each Receipt this Period 11400.00		
FEC ID number of contributing federal political committee. C			CONTRIBUTION		
Name of Employer DUTY FREE AMERICAS		Occupation CHAIRMAN	Aggregate Year-to-Date ▼ 11400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) <b>B. MR. PETER S. FALVO JR.</b>			Date of Receipt 12 21 2015		
Mailing Address 1500 LAWRENCE AVE			Transaction ID : SA11.11713542		
City OCEAN	State NJ	Zip Code 07712-	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			CONTRIBUTION		
Name of Employer ANSELL GRIMM&AARON		Occupation ATTORNEY	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) <b>C. MS. PAMELA FANKHANEL</b>			Date of Receipt 12 31 2015		
Mailing Address 12216 IRVINE AV NW			Transaction ID : SA11.11709395		
City BEMIDJI	State MN	Zip Code 56601-7119	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED	Aggregate Year-to-Date ▼ 205.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11525.00
<b>TOTAL</b> This Period (last page this line number only)...	

201601290200004646