

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

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

FOR LINE NUMBER: PAGE 8083 OF 9452

(check only one)

☒ 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. SMITH, FLOYD, L., ,

Mailing Address 4 PETER COOPER RD
APT 9G

City
NEW YORK

State
NY

Zip Code
10010-6746

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3707.00

Date of Receipt

11 / 24 / 2019

Transaction ID : SA11A.14415273

Amount of Each Receipt this Period

500.00

☐ 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 ▼

1983908.42

Date of Receipt

11 / 24 / 2019

Transaction ID : SA11C.1441506784177

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. DIVER, MARY, E., ,

Mailing Address 112 MAYA CIR

City
CENTRAL ISLIP

State
NY

Zip Code
11722-4542

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
NURSE ANESTHETIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

922.00

Date of Receipt

11 / 24 / 2019

Transaction ID : SA11A.14415281

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)..... ▶

525.00