

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

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

FOR LINE NUMBER: PAGE 632 OF 1267

(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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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. REMINGTON, KRISTI, L., MS.,**

Mailing Address **3313 N KENSINGTON ST**

City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22207-1324</b>
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FEC ID number of contributing  
federal political committee.

**C** [REDACTED]

Name of Employer (for Individual) <b>BLANK ROME GOVERNMENT RELATIONS LLC</b>	Occupation (for Individual) <b>ATTORNEY</b>
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Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

[REDACTED] **4375.00**

Date of Receipt

**07** / **24** / **2017**

Transaction ID : **SA11A.12587444**

Amount of Each Receipt this Period

[REDACTED] **1875.00**

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. REMINGA, THOMAS, , ,**

Mailing Address **1522 N PROSPCT AVE**

City <b>MILWAUKEE</b>	State <b>WI</b>	Zip Code <b>53202-6512</b>
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FEC ID number of contributing  
federal political committee.

**C** [REDACTED]

Name of Employer (for Individual) <b>SELF</b>	Occupation (for Individual) <b>PHYSICIAN</b>
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Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

[REDACTED] **600.00**

Date of Receipt

**07** / **27** / **2017**

Transaction ID : **SA11A.12592048**

Amount of Each Receipt this Period

[REDACTED] **100.00**

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. RENFROW, WILLIAM, B., MR.,**

Mailing Address **318 DOLPHIN**

City <b>CORPUS CHRISTI</b>	State <b>TX</b>	Zip Code <b>78411-1512</b>
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FEC ID number of contributing  
federal political committee.

**C** [REDACTED]

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
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Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

[REDACTED] **700.00**

Date of Receipt

**07** / **30** / **2017**

Transaction ID : **SA11A.12593377**

Amount of Each Receipt this Period

[REDACTED] **100.00**

☐ Memo Item  
CONTRIBUTION

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

[REDACTED] **2075.00**

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

[REDACTED]