

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 124 OF 6016  
(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. ANDERSON, LINCOLN, M., ,**

Mailing Address 2046 VALLEY MEADOW DR.

City  
OAK VIEWState  
CAZip Code  
93022-9512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	24	2019

**Transaction ID : SA11A.14302339**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ANDERSON, LINCOLN, M., ,**

Mailing Address 2046 VALLEY MEADOW DR.

City  
OAK VIEWState  
CAZip Code  
93022-9512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	31	2019

**Transaction ID : SA11A.14330367**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ANDERSON, LISA, , ,**

Mailing Address 4635 FALCON GROVE DR.

City  
INDIANAPOLISState  
INZip Code  
46254-5919FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WELLS FARGO BANKOccupation (for Individual)  
OPERATIONAL RISK CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	20	2019

**Transaction ID : SA11A.14289155**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

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