

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

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

FOR LINE NUMBER: PAGE 1807 OF 6016

(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. GILL, GREGORY, , ,

Mailing Address 7450 KIRKWOOD TRL SE

City
ALTOState
MIZip Code
49302-9187FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GILL STAFFINGOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2161.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 18 / 2019

Transaction ID : SA11A.14286999

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

B. GILL, GREGORY, , ,

Mailing Address 7450 KIRKWOOD TRL SE

City
ALTOState
MIZip Code
49302-9187FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GILL STAFFINGOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2161.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 27 / 2019

Transaction ID : SA11A.14307162

Amount of Each Receipt this Period

200.00

☐ Memo Item
 CONTRIBUTION

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

C. GILL, HENRY, LINWOOD, , JR.

Mailing Address 6900 OTTERDALE RD

City
MOSELEYState
VAZip Code
23120-1473FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.14302624

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

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

550.00

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