

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 272 OF 12072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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

A. KUCHARCZYK, DEBORAH, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 97 WOODEDGE RD

City MANHASSET	State NY	Zip Code 11030-1547
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VIKING MANAGEMENT	Occupation (for Individual) MANAGER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2020

Transaction ID : SA11A.14740692

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. KUIPERS BLAKE, MELISSA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5928 SADDLE CREEK TRL

City PARKER	State CO	Zip Code 80134-5307
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BROWNSTEIN HYATT FARBER SCHRECK	Occupation (for Individual) ATTORNEY
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2020

Transaction ID : SA11A.14814731

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. KULBERSH, RICHARD, , DR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2725 RIDGEWOOD CT

City BLOOMFIELD HILLS	State MI	Zip Code 48302-0967
--------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) U OF DETROIT MERCY DENTAL SCHOOL	Occupation (for Individual) PROFESSOR
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2020

Transaction ID : SA11A.14850254

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
TOTAL This Period (last page this line number only).....▶	