

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

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

FOR LINE NUMBER: PAGE 276 OF 12066

(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. LANDERS, NANCY, HEALD, MS.,

Mailing Address 1 LYMAN ST

APT 447

City

WESTBOROUGH

State

MA

Zip Code

01581-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2020

Transaction ID : SA11A.14805518

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. LANIER, APRIL, , ,

Mailing Address 485 OLD CEDARTOWN RD

City

ROCKMART

State

GA

Zip Code

30153-4156

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2020

Transaction ID : SA11A.14834292

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

C. LARSEN, PETER, A., DR.,

Mailing Address P.O. BOX 428

City

NEWCASTLE

State

WY

Zip Code

82701-0428

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2020

Transaction ID : SA11A.14885606

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

750.00

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