

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. MAKO, JO, ELAINE, ,**

Mailing Address 298 STONECREEK RD SW

City  
NEW PHILADELPHIA

State  
OH

Zip Code  
44663-7548

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MAKO'S PHARMACY

Occupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

**Transaction ID : SA11A.14836561**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. MALLINCKRODT BRYDEN, ELIZABETH, , ,**

Mailing Address 1 W 67TH ST  
# 611

City  
NEW YORK

State  
NY

Zip Code  
10023-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2020

**Transaction ID : SA11A.14781393**

Amount of Each Receipt this Period

305.00

☐ Memo Item  
CONTRIBUTION

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

**C. MALLORY, PAGE, MUNFORD, MS.,**

Mailing Address 4049 DEWAAL ST

City  
EVANS

State  
GA

Zip Code  
30809-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2020

**Transaction ID : SA11A.14759617**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

855.00