

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

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

FOR LINE NUMBER: PAGE 478 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. STEINKAMP, JANET, , MRS.,

Mailing Address 397 SUNDANCE DR.

City  
HEMPHILLState  
TXZip Code  
75948-6583FEC 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 ▼

367.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2020

Transaction ID : SA11A.14875627

Amount of Each Receipt this Period

105.00

☐ Memo Item  
CONTRIBUTION

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

B. STEIN, MARK, , DR.,

Mailing Address 25 LOVELL RD

City  
NEW ROCHELLEState  
NYZip Code  
10804-2114FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
I M POccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2020

Transaction ID : SA11A.14875630

Amount of Each Receipt this Period

270.00

☐ Memo Item  
CONTRIBUTION

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

C. STEINER, MARLENE, D., MS.,

Mailing Address 15413 BACK MASSILLON RD

City  
ORRVILLEState  
OHZip Code  
44667-9073FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
REPAIR

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 / 06 / 2020

Transaction ID : SA11A.14767755

Amount of Each Receipt this Period

230.00

☐ Memo Item  
CONTRIBUTION

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

605.00

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