

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

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

FOR LINE NUMBER: PAGE 2112 OF 5329

(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. JENSEN, SHARON, , MS.,**

Mailing Address P.O. BOX 405

City  
**SAVAGE**

State  
**MN**

Zip Code  
**55378-0405**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**SYNERGISTIC SOLUTION**

Occupation (for Individual)  
**CPA**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**09 / 18 / 2019**

**Transaction ID : SA11A.14213888**

Amount of Each Receipt this Period

**35.00**

☐ Memo Item  
CONTRIBUTION

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

**B. JENSEN, SHARON, , MS.,**

Mailing Address P.O. BOX 405

City  
**SAVAGE**

State  
**MN**

Zip Code  
**55378-0405**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**SYNERGISTIC SOLUTION**

Occupation (for Individual)  
**CPA**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**09 / 24 / 2019**

**Transaction ID : SA11A.14223448**

Amount of Each Receipt this Period

**55.00**

☐ Memo Item  
CONTRIBUTION

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

**C. JENSEN, SONYA, , MS.,**

Mailing Address 320-A STATE ROAD 312

City  
**SAINT AUGUSTINE**

State  
**FL**

Zip Code  
**32086-4243**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**CAT'S PAW MARINA**

Occupation (for Individual)  
**SELF-EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**09 / 29 / 2019**

**Transaction ID : SA11A.14237419**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item  
CONTRIBUTION

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

**115.00**

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