

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

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

FOR LINE NUMBER: PAGE 2932 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. MILBRATH, DOUG, , ,**

Mailing Address 6750 253RD AVE NW

City  
SAINT FRANCIS

State  
MN

Zip Code  
55070-9330

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 ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2019

**Transaction ID : SA11A.14178871**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. MILDE, LEE, , ,**

Mailing Address 7249 COUNTRY CLUB RD W

City  
BYRON

State  
MN

Zip Code  
55920-4202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LEISURE AQUATIC PRODUCTS

Occupation (for Individual)  
SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2019

**Transaction ID : SA11A.14245835**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. MILES, BRADLEY, , MR.,**

Mailing Address 6127 N CAMPBELL RD

City  
OTIS ORCHARDS

State  
WA

Zip Code  
99027-9277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BRAD MILES INSURANCE INC

Occupation (for Individual)  
MEDICARE SUPPLEMENT SERVICE A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2019

**Transaction ID : SA11A.14190664**

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

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

90.00