

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2935 OF 5329

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**NRSC**

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

**A. MILES, BRADLEY, , MR.,**

Mailing Address 6127 N CAMPBELL RD

City  
OTIS ORCHARDSState  
WAZip Code  
99027-9277FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BRAD MILES INSURANCE INCOccupation (for Individual)  
MEDICARE SUPPLEMENT SERVICE /

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	23	2019

Transaction ID : SA11A.14226925

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**B. MILES, BRADLEY, , MR.,**

Mailing Address 6127 N CAMPBELL RD

City  
OTIS ORCHARDSState  
WAZip Code  
99027-9277FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BRAD MILES INSURANCE INCOccupation (for Individual)  
MEDICARE SUPPLEMENT SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	23	2019

Transaction ID : SA11A.14226926

Amount of Each Receipt this Period

6.00

☐ 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 ORCHARDSState  
WAZip Code  
99027-9277FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BRAD MILES INSURANCE INCOccupation (for Individual)  
MEDICARE SUPPLEMENT SERVICE /

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	23	2019

Transaction ID : SA11A.14226927

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

26.00

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