

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

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

FOR LINE NUMBER: PAGE 2936 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. 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 /

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 / 23 / 2019

Transaction ID : SA11A.14226928

Amount of Each Receipt this Period

35.00

☐ 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 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

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 / 23 / 2019

Transaction ID : SA11A.14226929

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. MILES, CAM, , ,**

Mailing Address 2906 STARMOUNT DR.

City

VALRICO

State

FL

Zip Code

33596-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ESTS

Occupation (for Individual)

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

424.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2019

Transaction ID : SA11A.14206829

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)..... ►

120.00