

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

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

FOR LINE NUMBER: PAGE 1826 OF 2263

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NRSC

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

A. WILHELM, FRITZ, , ,

Mailing Address 1298 WINDERMERE WAY

City
CONCORD

State
CA

Zip Code
94521-3345

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2019

Transaction ID : SA11A.13839456

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

B. WILHELM, JOSEPH, M., DR.,

Mailing Address 884 PEBBLEBROOK

City
EAST LANSING

State
MI

Zip Code
48823-2164

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LOEYECARE

Occupation (for Individual)
OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1109.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 14 / 2019

Transaction ID : SA11A.13811625

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. WILHELM, JOSEPH, M., DR.,

Mailing Address 884 PEBBLEBROOK

City
EAST LANSING

State
MI

Zip Code
48823-2164

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LOEYECARE

Occupation (for Individual)
OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1109.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2019

Transaction ID : SA11A.13818878

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)..... ►

1550.00