

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

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

FOR LINE NUMBER: PAGE 14610 OF 27103

(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)

NRCC

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

A. ABEL, SONJA, , ,

Mailing Address 2184 LILY DR.

City
LOVELANDState
COZip Code
80537-3330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.47

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 19 / 2020

Transaction ID : SA11A.19416595

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

18336055.77

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 19 / 2020

Transaction ID : SA11C.19416495109627

Amount of Each Receipt this Period

1000.00

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

C. BAERTSCH, ANDREW, , ,

Mailing Address 11 EAST SUPERIOR ST
545City
DULUTHState
MNZip Code
55802-2089FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTHLAND PLASTIC SURGERYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4009.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 19 / 2020

Transaction ID : SA11A.19416599

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

1050.00