

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

FOR LINE NUMBER: PAGE 1836 OF 4313

(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. KIACHKO, DAVID, , ,**

Mailing Address 1859 MAR WEST STREET

City  
BELVEDERE TIBURONState  
CAZip Code  
94920-1901FEC 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 ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2019

Transaction ID : SA11A.14149241

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. KIDD, JUDITH, , ,**

Mailing Address 39668 RIVER OAKS DRIVE

City  
PONCHATOULAState  
LAZip Code  
70454-6900FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOUTHEAST LOUISIANA UROLOGY ASSOCIATESOccupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2019

Transaction ID : SA11A.14175334

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

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

**C. KIDD, JUDITH, , ,**

Mailing Address 39668 RIVER OAKS DRIVE

City  
PONCHATOULAState  
LAZip Code  
70454-6900FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOUTHEAST LOUISIANA UROLOGY ASSOCIATESOccupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

442.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2019

Transaction ID : SA11A.14175335

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

106.00

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