

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

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

FOR LINE NUMBER: PAGE 2609 OF 4313

(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. OLSON, JEFF, , ,

Mailing Address 625 E NICOLLET BLVD
 SUITE 310

City
 BURNSVILLE

State
 MN

Zip Code
 55337-

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 SELF-EMPLOYED

Occupation (for Individual)
 DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 19 / 2019

Transaction ID : SA11A.14153360

Amount of Each Receipt this Period

1.00

☐ Memo Item
 CONTRIBUTION

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

B. OLSON, JEFF, , ,

Mailing Address 625 E NICOLLET BLVD
 SUITE 310

City
 BURNSVILLE

State
 MN

Zip Code
 55337-

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 SELF-EMPLOYED

Occupation (for Individual)
 DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 19 / 2019

Transaction ID : SA11A.14153361

Amount of Each Receipt this Period

15.00

☐ Memo Item
 CONTRIBUTION

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

C. OLSON, JEFF, , ,

Mailing Address 625 E NICOLLET BLVD
 SUITE 310

City
 BURNSVILLE

State
 MN

Zip Code
 55337-

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 SELF-EMPLOYED

Occupation (for Individual)
 DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

646.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 19 / 2019

Transaction ID : SA11A.14153698

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

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

36.00

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