

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

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

FOR LINE NUMBER: PAGE 2610 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.14153699

Amount of Each Receipt this Period

50.00

☐ 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 / 26 / 2019

Transaction ID : SA11A.14163562

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 / 26 / 2019

Transaction ID : SA11A.14163563

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

315.00