

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

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

FOR LINE NUMBER: PAGE 3394 OF 4313

(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. STROMP, JOHN, , ,**

Mailing Address 8116 CLAYTON DRIVE

City  
PLANO

State  
TX

Zip Code  
75025-4382

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COMVAULT

Occupation (for Individual)  
ALLIANCE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2019

**Transaction ID : SA11A.14162517**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. STROM, KRISTIE, , ,**

Mailing Address 1482 PEACOCK ROAD

City  
PARIS

State  
KY

Zip Code  
40361-8852

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TRACINGS LLC

Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

822.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2019

**Transaction ID : SA11A.14144851**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. STRUNCK, LORI, , ,**

Mailing Address 22 ELLEN DRIVE

City  
ROCKAWAY

State  
NJ

Zip Code  
07866-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RUTGERS UNIVERSITY

Occupation (for Individual)  
DENTAL HYGIENIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2019

**Transaction ID : SA11A.14129636**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

170.00