

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 462 OF 757

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. LIPSKY, RICHARD, , MR.,

Mailing Address 9701 COLLINS AVE

2004

City

BAL HARBOUR

State

FL

Zip Code

33154-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

COLUMBUS SPECIALTY HOSPITAL

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

MM / DD / YYYY
01 / 31 / 2018

Transaction ID : SA11A.12807392

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

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

B. LIPSKY, RICHARD, , MR.,

Mailing Address 9701 COLLINS AVE

2004

City

BAL HARBOUR

State

FL

Zip Code

33154-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COLUMBUS SPECIALTY HOSPITAL

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

MM / DD / YYYY
01 / 31 / 2018

Transaction ID : SA11A.12807393

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

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

C. LLOYD-BUTLER, JAMES, O., MR.,

Mailing Address P.O. BOX 4008

City

VENTURA

State

CA

Zip Code

93007-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

203.00

Date of Receipt

MM / DD / YYYY
01 / 31 / 2018

Transaction ID : SA11A.12806218

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

207.00

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