

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

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

FOR LINE NUMBER: PAGE 887 OF 4176

(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. DODGE, ROBERT, , MR.,

Mailing Address 1169 N ANTILLES CIRCLE

City

SALT LAKE CITY

State

UT

Zip Code

84116-4390

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NEW YORK LIFE

Occupation (for Individual)

INSURANCE AND SECURITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2019

Transaction ID : SA11A.14094658

Amount of Each Receipt this Period

2.00

☐ Memo Item  
CONTRIBUTION

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

B. DODGE, ROBERT, , MR.,

Mailing Address 1169 N ANTILLES CIRCLE

City

SALT LAKE CITY

State

UT

Zip Code

84116-4390

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NEW YORK LIFE

Occupation (for Individual)

INSURANCE AND SECURITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2019

Transaction ID : SA11A.14094659

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

C. DODGE, ROBERT, , MR.,

Mailing Address 1169 N ANTILLES CIRCLE

City

SALT LAKE CITY

State

UT

Zip Code

84116-4390

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NEW YORK LIFE

Occupation (for Individual)

INSURANCE AND SECURITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

386.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2019

Transaction ID : SA11A.14094660

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

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

27.00