

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. MOSES, MARGARITA, , MRS.,

Mailing Address 5889 DEER CROSSING LN

City
QUINLAN

State
TX

Zip Code
75474-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EPIC HEALTHCARE SERVICES

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2019

Transaction ID : SA11A.14110102

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

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

B. MOSES, MARGARITA, , MRS.,

Mailing Address 5889 DEER CROSSING LN

City
QUINLAN

State
TX

Zip Code
75474-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EPIC HEALTHCARE SERVICES

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2019

Transaction ID : SA11A.14110103

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

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

C. MOSES, MARGARITA, , MRS.,

Mailing Address 5889 DEER CROSSING LN

City
QUINLAN

State
TX

Zip Code
75474-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EPIC HEALTHCARE SERVICES

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

812.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2019

Transaction ID : SA11A.14110104

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

106.00