

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

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

FOR LINE NUMBER: PAGE 5983 OF 7661

(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. SULLIVAN, THOMAS, , MR.,

Mailing Address 3509 SHERIDAN DR.

City
DURHAM

State
NC

Zip Code
27707-4645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SULLIVAN EASTERN, INC

Occupation (for Individual)
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2018

Transaction ID : SA11A.13234717

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. SULLIVAN, WARREN, , MR.,

Mailing Address 400 SOUTH 14TH ST.
1102-03

City
SAINT LOUIS

State
MO

Zip Code
63103-2708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1751.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2018

Transaction ID : SA11A.13229110

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. SULLIVAN, WILLIAM LARRY, ,

Mailing Address 237 HERITAGE MILL DRIVE

City
MADISON

State
AL

Zip Code
35758-1543

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LAWRENCE MEDICAL CENTER

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : SA11A.13215074

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

350.00