

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

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

FOR LINE NUMBER: PAGE 2437 OF 9452

(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. OTOOLE, SHOU-HUNG, , ,**

Mailing Address 140 HOLDER RD NE

City  
BALTIMORE

State  
OH

Zip Code  
43105-9710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CELLER O'TOOLE

Occupation (for Individual)  
PHYSICAL THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 29 / 2019

**Transaction ID : SA11A.14441040**

Amount of Each Receipt this Period

135.00

☐ Memo Item  
CONTRIBUTION

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

**B. OVANESSOFF, STEPHEN, , ,**

Mailing Address 10276 E BELLA VISTA DR.

City  
SCOTTSDALE

State  
AZ

Zip Code  
85258-5720

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2019

**Transaction ID : SA11A.14382311**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. OVERBAY, BRUCE, , ,**

Mailing Address 1720 CHESTWOOD DR.

City  
VIRGINIA BEACH

State  
VA

Zip Code  
23453-7014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DOD

Occupation (for Individual)  
MACHINIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

394.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 23 / 2019

**Transaction ID : SA11A.14411161**

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)..... ►

195.00