

# **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)

PAGE 520 OF 2526

☒ 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. DONOVAN, MICHAEL, , ,**

Mailing Address 7718 WALINCA TERRACE

City  
SAINT LOUIS

State  
MO

Zip Code  
63105-2042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LEWIS RICE LLC

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 22 / 2019

**Transaction ID : SA11A.13897685**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. DONOVAN, RICHARD, CARROLL, ,**

Mailing Address 9002 HARBOR PLACE DR.

City  
SAINT CLAIR SHORES

State  
MI

Zip Code  
48080-1531

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 29 / 2019

**Transaction ID : SA11A.13911850**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. DOOLEY, DAVID, A., DR.,**

Mailing Address 100 WORTH AVE.  
APT. 511

City  
PALM BEACH

State  
FL

Zip Code  
33480-6704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MJW CORPORATION

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2019

**Transaction ID : SA11A.13914343**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

850.00