

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

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

FOR LINE NUMBER: PAGE 944 OF 2526

(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. HUNTLEY, DONALD, , ,**

Mailing Address 256 E HAMILTON AVE SUITE M

City  
CAMPBELL

State  
CA

Zip Code  
95008-0237

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PREMIUM PROPERTIES

Occupation (for Individual)  
REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2019

**Transaction ID : SA11A.13898162**

Amount of Each Receipt this Period

120.00

☐ Memo Item  
CONTRIBUTION

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

**B. HURST, CHARLES, , ,**

Mailing Address 2860 , PORCHER DR.

City  
SUMTER

State  
SC

Zip Code  
29150-2243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VALUE DENTAL CAROLINAS

Occupation (for Individual)  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2019

**Transaction ID : SA11A.13877181**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. HUTCHESON, CHARLA, , ,**

Mailing Address 121 ROSE LANE

City  
MONROVIA

State  
CA

Zip Code  
91016-3085

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2019

**Transaction ID : SA11A.13892417**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

470.00