

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

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

FOR LINE NUMBER: PAGE 1104 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. LANTZ, LANDON, , ,

Mailing Address 5208 WICHITA AVENUE

City  
CLEVELAND

State  
OH

Zip Code  
44144-3643

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY HOSPITALS OF CLEVELAND

Occupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2019

Transaction ID : SA11A.13895915

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

B. LANTZ, LANDON, , ,

Mailing Address 5208 WICHITA AVENUE

City  
CLEVELAND

State  
OH

Zip Code  
44144-3643

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY HOSPITALS OF CLEVELAND

Occupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2019

Transaction ID : SA11A.13906312

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

C. LANTZ, MARK, , ,

Mailing Address 407 LETITIA DR.

City  
FRANKLIN

State  
TN

Zip Code  
37067-5992

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CDR

Occupation (for Individual)  
DIRECTOR

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 / 24 / 2019

Transaction ID : SA11A.13902471

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

170.00

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