

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

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

FOR LINE NUMBER: PAGE 1820 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. SHADBOLT, HARVEY, , MR.,

Mailing Address 18 DIDRICKSON LANE

City
AMARILLOState
TXZip Code
79124-1706FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LONE STAR ANESTHESIA CONSULTANTSOccupation (for Individual)
NURSE ANESTHETIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2019

Transaction ID : SA11A.13896516

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. SHADBOLT, HARVEY, , MR.,

Mailing Address 18 DIDRICKSON LANE

City
AMARILLOState
TXZip Code
79124-1706FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LONE STAR ANESTHESIA CONSULTANTSOccupation (for Individual)
NURSE ANESTHETIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : SA11A.13913757

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. SHAFER, ROBERT, JAMES, MR.,

Mailing Address 3815 WEST 150 NORTH

City
CLEARFIELDState
UTZip Code
84015-6969FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2019

Transaction ID : SA11A.13888580

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

110.00

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