

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2129 OF 3466

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**NRSC**

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

**A. NORMAN, ALAN, , ,**

Mailing Address 4204 HARLANWOOD DRIVE

City  
FORT WORTHState  
TXZip Code  
76109-2041FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEDIATRIC EYE SPECIALISTOccupation (for Individual)  
DOC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M	D D	Y Y Y Y
06	29	2019

**Transaction ID : SA11A.14044668**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

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

**B. NORMAND, ROBIN, , MS.,**

Mailing Address 3 MALAGA CIRCLE

City  
SPANISH FORTState  
ALZip Code  
36527-9423FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF SOUTH ALABAMAOccupation (for Individual)  
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M	D D	Y Y Y Y
06	24	2019

**Transaction ID : SA11A.14035150**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
 CONTRIBUTION

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

**C. NORRIS, INJA, , MS.,**

Mailing Address 12101 STATE RD

City  
NUNICAState  
MIZip Code  
49448-9638FEC 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 ▼

306.00

Date of Receipt

M M	D D	Y Y Y Y
06	20	2019

**Transaction ID : SA11A.14027269**

Amount of Each Receipt this Period

51.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional)..... ►

186.00

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