

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

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

FOR LINE NUMBER: PAGE 2616 OF 3466

(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  
AMARILLO

State  
TX

Zip Code  
79124-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LONE STAR ANESTHESIA CONSULTANTS

Occupation (for Individual)  
NURSE ANESTHETIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2019

Transaction ID : SA11A.14045606

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. SHAFER, BARRY, , ,**

Mailing Address 708 PERIWINKLE LANE

City  
MARYVILLE

State  
TN

Zip Code  
37804-3667

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2019

Transaction ID : SA11A.14025375

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. SHAFER, ROBERT, JAMES, MR.,**

Mailing Address 3915 W 150 N

City  
CLEARFIELD

State  
UT

Zip Code  
84015

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 ▼

746.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2019

Transaction ID : SA11A.14045076

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

160.00