

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

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

FOR LINE NUMBER: PAGE 4440 OF 6016

(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. SHACKLE, RONALD, L., ,**

Mailing Address 5039 E SALINAS ST

City  
PHOENIX

State  
AZ

Zip Code  
85044-4118

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2019

**Transaction ID : SA11A.14262821**

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

**B. SHADBOLT, HARVEY, , ,**

Mailing Address 18 DIDRICKSON LN

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 ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2019

**Transaction ID : SA11A.14250586**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. SHADDOCK, STEVEN, , ,**

Mailing Address 925 SAINT ANDREWS LN

City  
LOUISVILLE

State  
CO

Zip Code  
80027-9587

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2019

**Transaction ID : SA11A.14276219**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

360.00