

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

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

FOR LINE NUMBER: PAGE 678 OF 3146

(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. DIAZ SALDANA, ALBERTO, , DR.,

Mailing Address 22 AVENUE OF THE OAKS

City
BEAUMONTState
TXZip Code
77707-1802FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EYE CENTERS OF SETXOccupation (for Individual)
OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2019

Transaction ID : SA11A.13986422

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

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

B. DIAZ SALDANA, ALBERTO, , DR.,

Mailing Address 22 AVENUE OF THE OAKS

City
BEAUMONTState
TXZip Code
77707-1802FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EYE CENTERS OF SETXOccupation (for Individual)
OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2019

Transaction ID : SA11A.13986425

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. DIAZ SALDANA, ALBERTO, , DR.,

Mailing Address 22 AVENUE OF THE OAKS

City
BEAUMONTState
TXZip Code
77707-1802FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EYE CENTERS OF SETXOccupation (for Individual)
OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2019

Transaction ID : SA11A.13986427

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

205.00

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