

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

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

FOR LINE NUMBER: PAGE 1264 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. HUGHES, CHARLES, , ,

Mailing Address 201 EAST GRANT AVE

City  
MORTONState  
TXZip Code  
79346-3444FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COCHRAN MEMORIAL HOSPITALOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2019

Transaction ID : SA11A.13918659

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. HUGHES-PEARMAN, CLAUDIA, , ,

Mailing Address 890 CAVALLO TRAIL

City  
SHOW LOWState  
AZZip Code  
85901-8317FEC 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2019

Transaction ID : SA11A.13933080

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

C. HUGHES, INDIA, , ,

Mailing Address 9041 BAYWOOD PARK DRIVE

City  
SEMINOLEState  
FLZip Code  
33777-4630FEC 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2019

Transaction ID : SA11A.13966286

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

500.00

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