

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

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

FOR LINE NUMBER: PAGE 1812 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. MILLS, SCOTT, , ,

Mailing Address 54 GLEN COVE DRIVE

City  
ARDENState  
NCZip Code  
28704-3219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
SALES

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  
05 / 02 / 2019

Transaction ID : SA11A.13923548

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. MILLS, SCOTT, , ,

Mailing Address 54 GLEN COVE DRIVE

City  
ARDENState  
NCZip Code  
28704-3219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
SALES

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  
05 / 19 / 2019

Transaction ID : SA11A.13953474

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

C. MILLSPAUGH, THEODORE, , MR.,

Mailing Address 4538 S PENINSULA DR.

City  
PONCE INLETState  
FLZip Code  
32127-7006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PANNESMAOccupation (for Individual)  
GENERAL MANAGER

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  
05 / 01 / 2019

Transaction ID : SA11A.13918400

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

200.00

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