

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1855 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. MOSBY, JOHN, , ,

Mailing Address 621 17TH STREET STE 2445

City  
DENVERState  
COZip Code  
80293-FEC ID number of contributing  
federal political committee.

C

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

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 / 28 / 2019

Transaction ID : SA11A.13974837

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. MOSES, MARGARITA, , MRS.,

Mailing Address 5889 DEER CROSSING LN

City  
QUINLANState  
TXZip Code  
75474-3641FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EPIC HEALTHCARE SERVICESOccupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

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

Transaction ID : SA11A.13985151

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

C. MOSS, CAROL, A., MS.,

Mailing Address 5330 OFFICE CENTER COURT

C

City  
BAKERSFIELDState  
CAZip Code  
93309-1562FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
COLLECTION AGENCY OWNER

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 / 23 / 2019

Transaction ID : SA11A.13966555

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)..... ►

300.00