

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

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

FOR LINE NUMBER: PAGE 1933 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. NORMAND, ROBIN, , MS.,**

Mailing Address 3 MALAGA CIRCLE

City  
SPANISH FORT

State  
AL

Zip Code  
36527-9423

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF SOUTH ALABAMA

Occupation (for Individual)  
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2019

**Transaction ID : SA11A.13969317**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. NORRIS, INJA, , MS.,**

Mailing Address 12101 STATE RD

City  
NUNICA

State  
MI

Zip Code  
49448-9638

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2019

**Transaction ID : SA11A.13955500**

Amount of Each Receipt this Period

51.00

☐ Memo Item  
CONTRIBUTION

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

**C. NORRICK, JOYCE, , ,**

Mailing Address 10910 SOUTH US HIGHWAY 35

City  
MUNCIE

State  
IN

Zip Code  
47302-9628

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 ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2019

**Transaction ID : SA11A.13947143**

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)..... ►

121.00