

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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  
BEAUMONT

State  
TX

Zip Code  
77707-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

EYE CENTERS OF SOUTHEAST TEXAS

Occupation (for Individual)

OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1052.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2019

**Transaction ID : SA11A.14243185**

Amount of Each Receipt this Period

1.00

☐ 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  
BEAUMONT

State  
TX

Zip Code  
77707-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

EYE CENTERS OF SOUTHEAST TEXAS

Occupation (for Individual)

OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1052.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2019

**Transaction ID : SA11A.14243186**

Amount of Each Receipt this Period

5.00

☐ 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  
BEAUMONT

State  
TX

Zip Code  
77707-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

EYE CENTERS OF SOUTHEAST TEXAS

Occupation (for Individual)

OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1052.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2019

**Transaction ID : SA11A.14243187**

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

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

21.00