

# **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)

PAGE 1313 OF 5329

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**NRSC**

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

**A. FABBRO, RICHARD, , MR.,**

Mailing Address 38 BRETTON RD

City  
SCARSDALE

State  
NY

Zip Code  
10583-2762

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BRHCN OAKS

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2019

**Transaction ID : SA11A.14212794**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. FABER, BRIAN, , ,**

Mailing Address 8055 PENN AVE S  
APT 721

City  
MINNEAPOLIS

State  
MN

Zip Code  
55431-1392

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
REPUBLIC SERVICES

Occupation (for Individual)  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

758.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2019

**Transaction ID : SA11A.14216352**

Amount of Each Receipt this Period

255.00

☐ Memo Item  
CONTRIBUTION

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

**C. FABLE, WILLIAM, B., MR.,**

Mailing Address 8571 NAPLES DR.

City  
HUNTINGTON BEACH

State  
CA

Zip Code  
92646-2108

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 ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2019

**Transaction ID : SA11A.14183979**

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)..... ►

790.00