

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

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

FOR LINE NUMBER: PAGE 2429 OF 5329

(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. LANPHERE, CHARLOTTE, , MS.,**

Mailing Address 38280 SUNNY DAYS DR.

City

PALM DESERT

State

CA

Zip Code

92211-1204

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 ▼

210.00

Date of Receipt

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

**Transaction ID : SA11A.14186092**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. LANT, THOMAS, , MR.,**

Mailing Address 7600 JENNER RD

City

CHANDLER

State

IN

Zip Code

47610-9003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

FARMER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

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

**Transaction ID : SA11A.14197321**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. LANTZ, LANDON, , ,**

Mailing Address 5208 WICHITA AVE

City

CLEVELAND

State

OH

Zip Code

44144-3643

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UNIVERSITY HOSPITALS OF CLEVELAND

Occupation (for Individual)

REGISTERED NURSE

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

631.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 20 / 2019

**Transaction ID : SA11A.14217759**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

135.00

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