

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

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

FOR LINE NUMBER: PAGE 3860 OF 6971

(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. OATES, CAROL, , MRS.,

Mailing Address 715 E COLUMBUS ST

City  
KENTON

State  
OH

Zip Code  
43326-1696

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OATES VETERINARY CLINIC INC

Occupation (for Individual)  
VETERINARIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

MM / DD / YYYY  
10 / 25 / 2016

Transaction ID : SA11A.12245556

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. OBEE, THOMAS, F., MR.,

Mailing Address 1790 BAUMAN RD

City  
COLUMBUS

State  
MI

Zip Code  
48063-2904

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 ▼

370.00

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2016

Transaction ID : SA11A.12240642

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

C. OBEE, THOMAS, F., MR.,

Mailing Address 1790 BAUMAN RD

City  
COLUMBUS

State  
MI

Zip Code  
48063-2904

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 ▼

370.00

Date of Receipt

MM / DD / YYYY  
10 / 31 / 2016

Transaction ID : SA11A.12274281

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

200.00

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