

# **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. GOLLER, WAYNE, J., ,**

Mailing Address P.O. BOX 148

City  
HAMILTON

State  
IN

Zip Code  
46742-0148

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 ▼

929.00

Date of Receipt

**12** / **27** / **2019**

**Transaction ID : SA11A.14523262**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. GOMEZ, JUAN, , ,**

Mailing Address 1880 CITADEL CT

City  
CHULA VISTA

State  
CA

Zip Code  
91913-3001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
GROSSMONT SCHOOL DISTRICT

Occupation (for Individual)  
PLUMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

**12** / **01** / **2019**

**Transaction ID : SA11A.14438992**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. GONZALES, BARBARA, J., ,**

Mailing Address 3318 W RUSKIN ST

City  
MILWAUKEE

State  
WI

Zip Code  
53215-4224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
AURORA HEALTH CARE

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**12** / **31** / **2019**

**Transaction ID : SA11A.14538231**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

300.00