

# **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. GILLIAM, MARK, E., MR.,**

Mailing Address 400 TRAVIS STREET  
SUITE 1700

City  
SHREVEPORT

State  
LA

Zip Code  
71101-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2019

**Transaction ID : SA11A.14161638**

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**B. GILLIAM, MARK, E., MR.,**

Mailing Address 400 TRAVIS STREET  
SUITE 1700

City  
SHREVEPORT

State  
LA

Zip Code  
71101-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2019

**Transaction ID : SA11A.14161639**

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**C. GILLIAM, MARK, E., MR.,**

Mailing Address 400 TRAVIS STREET  
SUITE 1700

City  
SHREVEPORT

State  
LA

Zip Code  
71101-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

980.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2019

**Transaction ID : SA11A.14161640**

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

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

40.00