

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

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

FOR LINE NUMBER: PAGE 1475 OF 4313

(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. HARTWIG, BILLY, , MR.,

Mailing Address 26 WELCOME LANE

City
SEAL BEACH

State
CA

Zip Code
90740-5973

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AUTONATION TOYOTA CERRITOS

Occupation (for Individual)
PARTS SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2019

Transaction ID : SA11A.14170357

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. HARVEY, PAUL, , MR., JR.

Mailing Address P O BOX 12734

City
EL PASO

State
TX

Zip Code
79913-

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2019

Transaction ID : SA11A.14164545

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

C. HARVILLE, TERESA, , ,

Mailing Address 901 TABIT ROAD

City
BELLE GLADE

State
FL

Zip Code
33430-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MR. AUTO INSURANCE OF SOUTH LAKE INC

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2019

Transaction ID : SA11A.14155112

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

450.00

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