

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

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

FOR LINE NUMBER: PAGE 2767 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. PHILLIPS, DEBRA, , ,**

Mailing Address 3663 BUCHANAN ST SPC 18

City  
RIVERSIDE

State  
CA

Zip Code  
92503-4833

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 ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2019

**Transaction ID : SA11A.14143853**

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**B. PHILLIPS, DEBRA, , ,**

Mailing Address 3663 BUCHANAN ST SPC 18

City  
RIVERSIDE

State  
CA

Zip Code  
92503-4833

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 ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2019

**Transaction ID : SA11A.14152436**

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

**C. PHILLIPS, DIANA, , ,**

Mailing Address 301 BEVERLY AVENUE

City  
PASO ROBLES

State  
CA

Zip Code  
93446-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PRO DOCUMENT SOLUTIONS

Occupation (for Individual)  
CO-OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2019

**Transaction ID : SA11A.14168034**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

525.00