

**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)	PAGE 805 OF 2526
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. MR. ROBERT S. REESE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2015 Transaction ID : 2015M05L11AI02111
Mailing Address 2356 S. GOEBBERT ROAD APARTMENT 1067		Amount of Each Receipt this Period 100.00
City ARLINGTON HEIGHTS	State IL	
Zip Code 60005-5128		Aggregate Year-to-Date ▼ 320.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DR. ELIEZER MONGE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2015 Transaction ID : 2015M05L11AI02112
Mailing Address 23607 FARMINGTON ROAD		Amount of Each Receipt this Period 145.00
City FARMINGTON	State MI	
Zip Code 48336-3109		Aggregate Year-to-Date ▼ 310.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MS. JOYCE BERENS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2015 Transaction ID : 2015M05L11AI02113
Mailing Address 23617 LATANA COURT		Amount of Each Receipt this Period 300.00
City VALENCIA	State CA	
Zip Code 91355-2140		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	545.00
TOTAL This Period (last page this line number only).....▶	