

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

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

FOR LINE NUMBER: PAGE 188 OF 1439  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A. DR. GILBERT Y. ZINI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 715 SOUTH QUAIL CIRCLE  
 City ANAHEIM State CA Zip Code 92807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR  
 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  
 01 / 08 / 2016  
**Transaction ID : 2016M2L11AI00452**  
 Amount of Each Receipt this Period  
 100.00

**B. MR. KNUTE A. AARSHEIM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 DELANO ROAD  
 City MARION State MA Zip Code 02738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation FISHERMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 11 / 2016  
**Transaction ID : 2016M2L11AI00590**  
 Amount of Each Receipt this Period  
 275.00

**C. MRS. CAROLYN S. ADAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1465 ARENA CIRCLE  
 City BULLHEAD CITY State AZ Zip Code 86442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WESTERN ARIZONA REGIONAL MEDICAL CE Occupation REGISTERED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 11 / 2016  
**Transaction ID : 2016M2L11AI00648**  
 Amount of Each Receipt this Period  
 80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 455.00  
**TOTAL** This Period (last page this line number only)..... ▶