

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 10 OF 51

☒ 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)

ALABAMA REPUBLICAN PARTY

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

A. DOMNANOVICH, JOSEPH, M., MR.,

Mailing Address 4949 NOTTINGHAM LANE

City
BIRMINGHAM

State
AL

Zip Code
35223-1667

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 22 / 2019

Transaction ID : SA11Al.44915

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. EUBANKS, JONATHAN, L, MR.,

Mailing Address 2190 TINDIL CREEK ROAD

City
SLOCOMB

State
AL

Zip Code
36375

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SCHUTZ INSURANCE

Occupation (for Individual)
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 30 / 2019

Transaction ID : SA11Al.45133

Amount of Each Receipt this Period

180.00

☐ Memo Item

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

C. FULLER, JOE, E., MR.,

Mailing Address 2620 LANARK ROAD

City
BIRMINGHAM

State
AL

Zip Code
35223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STEAD & FULLER INSURANCE, INC.

Occupation (for Individual)
INSURANCE AGENT/OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 11 / 2019

Transaction ID : SA11Al.44603

Amount of Each Receipt this Period

600.00

☐ Memo Item

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

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

855.00