

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

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

FOR LINE NUMBER: PAGE 234 OF 70573

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REPUBLICAN NATIONAL COMMITTEE**

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

**A. BURKE, GERALD, E., ,**

Mailing Address 3823 FAIRWOOD BLVD NE

City  
TACOMA

State  
WA

Zip Code  
98422-2455

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SUMMIT

Occupation (for Individual)  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2019

Transaction ID : SA11A.84146133

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. BURLISON, ARTHUR, E., MR.,**

Mailing Address 2811 OVERVIEW DR.

City  
COLUMBIA

State  
IL

Zip Code  
62236-2673

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2019

Transaction ID : SA11A.84124507

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

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

**C. BURMEISTER, PAUL, F., MR.,**

Mailing Address 1332 NE 180 ROAD

City  
CLAFLIN

State  
KS

Zip Code  
67525-9219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1392.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2019

Transaction ID : SA11A.84123507

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

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

450.00