

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

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

FOR LINE NUMBER: PAGE 899 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. MCCULLOUGH, JENNIFER, L., MS.,

Mailing Address 6147 SLEEPY HOLLOW RD

City
ROME

State
NY

Zip Code
13440-0918

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GOODWILL

Occupation (for Individual)
SOCIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11A.84123178

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. MCCUNE, ARLENE, F., MRS.,

Mailing Address 9277 HOLLANSBURG SAMPSON RD

City
ARCANUM

State
OH

Zip Code
45304-9664

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 ▼

621.00

Date of Receipt

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

Transaction ID : SA11A.84107420

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

C. MCCURTAIN, LARRELL, LEE, MR.,

Mailing Address 10902 RUSTIC CREEK DR

City
BAKERSFIELD

State
CA

Zip Code
93312-6350

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DIGNITY HEALTH MERCY HOSPITAL

Occupation (for Individual)
AVALDE INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.00

Date of Receipt

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

Transaction ID : SA11A.84105511

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

120.00