

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

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

FOR LINE NUMBER: PAGE 933 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. MEZZELL, VERNON, CAROL, MR.,**

Mailing Address 159 COUNTY ROAD 1710

City  
HOLLY POND

State  
AL

Zip Code  
35083-6153

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 ▼

783.55

Date of Receipt

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

Transaction ID : SA11A.84060334

Amount of Each Receipt this Period

55.00

☐ Memo Item  
CONTRIBUTION

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

**B. MICHAELIS, ALICE, L., MRS.,**

Mailing Address P.O. BOX 665

City  
FORT KNOX

State  
KY

Zip Code  
40121-0665

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 ▼

387.25

Date of Receipt

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

Transaction ID : SA11A.84123847

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

**C. MICHELS, MARY, J., MS.,**

Mailing Address 3000 DUTCH HOLLOW RD

City  
ELIDA

State  
OH

Zip Code  
45807-1311

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 ▼

526.00

Date of Receipt

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

Transaction ID : SA11A.84107071

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

175.00