

# **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)

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☒ 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. ARGYLE, ROSELYN, D., MS.,**

Mailing Address 3140 S BRENNAN RD

City  
HEMLOCK

State  
MI

Zip Code  
48626-8750

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
A/D HOME HEALTHCARE

Occupation (for Individual)  
R.N.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1427.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2019

**Transaction ID : SA11A.84141344**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. ARMBRUSTER, CAROLYN, DORIS, MS.,**

Mailing Address 3205 PATRICIA PLACE

City  
SAGINAW

State  
MI

Zip Code  
48602-3491

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 ▼

481.25

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2019

**Transaction ID : SA11A.84158307**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. ARMENTROUT, CAROLYN, J., MRS.,**

Mailing Address 1019 RIDGE ROAD NW

City  
CANTON

State  
OH

Zip Code  
44703-2105

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 ▼

292.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2019

**Transaction ID : SA11A.84151825**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

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

160.00