

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2920 OF 70573

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. MCCLATCHY, CHARLES, HAMILTON, MR., JR.

Mailing Address 314 N MACARTHUR CIR

City
INDIANOLAState
MSZip Code
38751-2239FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : SA11A.84148662

Amount of Each Receipt this Period

105.00

☐ Memo Item
 CONTRIBUTION

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

B. MCCLELLAND, FAY, , MRS.,Mailing Address P.O. BOX 3293
12852 N HWY 59City
GILLETTEState
WYZip Code
82717-3293FEC 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 ▼

393.50

Date of Receipt

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

Transaction ID : SA11A.84150785

Amount of Each Receipt this Period

30.00

☐ Memo Item
 CONTRIBUTION

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

C. MCCLEES, KRISTINA, GEDGAUDAS, DR.,

Mailing Address 33 IVY CHASE NE

City
ATLANTAState
GAZip Code
30342-4500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NORTH METRO RADIOLOGY

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7213.75

Date of Receipt

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

Transaction ID : SA11A.84164348

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

235.00

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