

# **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. BARNEY, ELLEN, , PASTOR,**

Mailing Address P.O. BOX 157

City  
GIRARD

State  
OH

Zip Code  
44420-0157

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOSPICE

Occupation (for Individual)  
CHAPLAIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2019

**Transaction ID : SA11A.84180048**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

**B. WINRED**

Mailing Address P.O. BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12221113.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2019

**Transaction ID : SA11C.8417654351579**

Amount of Each Receipt this Period

45.00

☒ Memo Item  
CONTRIBUTION

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED

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

**C. TRUJILLO, ELMER, BRUCE, ,**

Mailing Address P.O. BOX 192

City  
AGUILAR

State  
CO

Zip Code  
81020-0192

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DISABLED

Occupation (for Individual)  
DISABLED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

294.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2019

**Transaction ID : SA11A.84180052**

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

70.00