

# **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)

PAGE 8124 OF 70573

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REPUBLICAN NATIONAL COMMITTEE**

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

**A. ADAMS, C, K., MR.,**

Mailing Address 6030 S WALNUT STREET

City  
CASPER

State  
WY

Zip Code  
82601-6248

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2019

**Transaction ID : SA11A.84256395**

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

**B. ADAMS, ROBERT, L., MR.,**

Mailing Address 2362 YANKEE STREET

City  
NILES

State  
MI

Zip Code  
49120-3954

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 ▼

267.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2019

**Transaction ID : SA11A.84254636**

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

**C. ADAMS, WAYNE, M., MR.,**

Mailing Address 225 NE ERNST ST. SPC. 30

City  
OAK HARBOR

State  
WA

Zip Code  
98277-2519

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 ▼

372.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2019

**Transaction ID : SA11A.84258592**

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

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

60.00