

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

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

FOR LINE NUMBER: PAGE 8220 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. BURWELL, BARBARA, , MRS.,

Mailing Address P.O. BOX 302

City
BOLIVAR

State
OH

Zip Code
44612-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AULTMAN SPECIALTY HOSPITAL

Occupation (for Individual)
NURSE/RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1092.50

Date of Receipt

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

Transaction ID : SA11A.84234760

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. BUSU, MARIUS, , ,

Mailing Address 12644 BRADFORD PLACE

City

GRANADA HILLS

State

CA

Zip Code

91344-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.73

Date of Receipt

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

Transaction ID : SA11A.84239926

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

C. BUTLER, IRIS, LAVERN, MS.,

Mailing Address 166 CYPRESS RUN DR.

City

BRUNSWICK

State

GA

Zip Code

31520-2941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

234.75

Date of Receipt

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

Transaction ID : SA11A.84253829

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

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

190.00