

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

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

FOR LINE NUMBER: PAGE 8272 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. COLLEY, PAULA, , ,

Mailing Address 7 SUNSET TRAIL

City
ROCKWALL

State
TX

Zip Code
75032-7615

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 ▼

315.00

Date of Receipt

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

Transaction ID : SA11A.84239756

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. COLLIER, DIANE, , DR.,

Mailing Address 204 LUDS WAY

City
DOTHAN

State
AL

Zip Code
36303-6350

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALABAMA SOUTH FAMILY PODIATRY

Occupation (for Individual)
PODIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

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

Transaction ID : SA11A.84258311

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. COLLINS, HENRY, H., MR., JR.

Mailing Address 4007 SAINT CHARLES AVE
APT 317

City
NEW ORLEANS

State
LA

Zip Code
70115-4774

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 ▼

237.25

Date of Receipt

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

Transaction ID : SA11A.84255843

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

100.00

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