

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

FOR LINE NUMBER: PAGE 9131 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. TAYLOR, MITCHEL, LEE, ,

Mailing Address 6832 EGYPT CENTRAL RD.

City
BARTLETTState
TNZip Code
38135-1617FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ORACLEOccupation (for Individual)
FIELD SERVICE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.80

Date of Receipt

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

Transaction ID : SA11A.84193153

Amount of Each Receipt this Period

20.00

☐ 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
ARLINGTONState
VAZip Code
22219-1891FEC 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 M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2019

Transaction ID : SA11C.8419268463703

Amount of Each Receipt this Period

500.00

☒ Memo Item
CONTRIBUTION
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED

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

C. PAPUDESU, MOHAN, , DR.,

Mailing Address 108 COUNTRY CLUB DRIVE, APT F

City
AMERICUSState
GAZip Code
31709-4524FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARE CONNECT HEALTH INCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID : SA11A.84193155

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

520.00