

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

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

FOR LINE NUMBER: PAGE 9338 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. BURGESS, CAROLYN, , MS.,

Mailing Address 1901 EAST DEL WEBB BLVD.

City

SUN CITY CENTER

State

FL

Zip Code

33573-6905

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 BE

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

396.25

Date of Receipt

12 / 10 / 2019

Transaction ID : SA11A.84281284

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

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

B. BURGYAN, MARIA, , ,

Mailing Address 1380 DILL RD

City

CLEVELAND

State

OH

Zip Code

44121-3969

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CLEVELAND CLINIC

Occupation (for Individual)

MEDICAL TECHNOLOGIST

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

12 / 10 / 2019

Transaction ID : SA11A.84287464

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

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

C. BURKE, CHELSEA, , ,

Mailing Address 4147 GLEN PARK RD

City

NOTTINGHAM

State

MD

Zip Code

21236-1019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

HARFORD HEALTH

Occupation (for Individual)

CPA

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

517.50

Date of Receipt

12 / 10 / 2019

Transaction ID : SA11A.84288118

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

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

90.00

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