

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

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

FOR LINE NUMBER: PAGE 9951 OF 70573

(check only one)

☒ 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. MCLAUGHLIN, JULIE, , ,

Mailing Address 1202 DARTMOUTH DRIVE

City
DOTHAN

State
AL

Zip Code
36303-5908

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTHEAST HEALTH MEDICAL CENTER

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2019

Transaction ID : SA11A.84288690

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. MCLAUGHLIN, LEANN, , MRS.,

Mailing Address P.O. BOX 204
3241 1/2 ROAD 162

City
ALBIN

State
WY

Zip Code
82050-0204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
RANCHER/FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.67

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2019

Transaction ID : SA11A.84279151

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. MCMAHON, HELEN, MARGARET, MRS.,

Mailing Address 2100 TOWNLINE RD APT 217

City
WAUSAU

State
WI

Zip Code
54403-9399

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 ▼

516.30

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2019

Transaction ID : SA11A.84276447

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

120.00

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