

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

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

FOR LINE NUMBER: PAGE 11218 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. CHRISTIANSEN, RICHARD, L., DR.,**

Mailing Address 5612 N. DIXBORO ROAD

City  
ANN ARBOR

State  
MI

Zip Code  
48105-9415

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 ▼

263.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2019

Transaction ID : SA11A.84300285

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. CHRISTIAN, RICHARD, OLIN, MR.,**

Mailing Address 30 ROYAL TROON

City  
SPRINGBORO

State  
OH

Zip Code  
45066-9599

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 ▼

486.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2019

Transaction ID : SA11A.84303750

Amount of Each Receipt this Period

55.00

☐ Memo Item  
CONTRIBUTION

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

**C. CHUGAY, NIKOLAS, , ,**

Mailing Address 1857 BRAEMAR WAY

City  
NEWPORT BEACH

State  
CA

Zip Code  
92660-3724

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHUGAY MEDICAL CLINIC

Occupation (for Individual)  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1235.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2019

Transaction ID : SA11A.84323142

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

205.00