

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

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

FOR LINE NUMBER: PAGE 12464 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. DEJAK, JOHN, , MR.,**

Mailing Address 459 HAWTHORNE FARM DRIVE

City  
GATES MILLS

State  
OH

Zip Code  
44040-9765

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 ▼

220.00

Date of Receipt

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

Transaction ID : SA11A.84319848

Amount of Each Receipt this Period

110.00

☐ Memo Item  
CONTRIBUTION

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

**B. DELFINO, BARB, ,**

Mailing Address 116 3508 CORONADO DR.

City  
SARASOTA

State  
FL

Zip Code  
34231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GULF GATE RE SCREENING

Occupation (for Individual)  
SCHEDULER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

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

Transaction ID : SA11A.84324070

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. DELGADO, ALBERTO, J., MR.,**

Mailing Address 5640 NW 203 TER

City  
MIAMI GARDENS

State  
FL

Zip Code  
33055-4746

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 ▼

232.25

Date of Receipt

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

Transaction ID : SA11A.84320531

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

165.00

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