

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

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

FOR LINE NUMBER: PAGE 13779OF 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. FITZGERALD, BONNITA, A., MS.,

Mailing Address 11 FITZGERALD LANE

City
KUTZTOWN

State
PA

Zip Code
19530-9199

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 ▼

389.75

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2019

Transaction ID : SA11A.84380944

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

B. FITZGERALD, DONNA, LEE, MS.,

Mailing Address 15 REBECCA CT

City

HOMOSASSA

State

FL

Zip Code

34446-3821

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 ▼

1402.25

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2019

Transaction ID : SA11A.84382173

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

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

C. FITZGERALD, JAMES, C., MR.,

Mailing Address 4716 SAPPHERE ST

City

CHEYENNE

State

WY

Zip Code

82001-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CHEY VET CLINIC

Occupation (for Individual)

VETERINARY ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

204.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2019

Transaction ID : SA11A.84372963

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

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

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

190.00