

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17074 OF 70573

☒ 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. GIERUT, JANINA, , MS.,**

Mailing Address 404 BELDAINE AVE

City  
DES PLAINES

State  
IL

Zip Code  
60016

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2019

**Transaction ID : SA11A.84457710**

Amount of Each Receipt this Period

65.00

☐ Memo Item  
CONTRIBUTION

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

**B. GIFFERT, KATHRYN, , ,**

Mailing Address 11640 SW ROYAL VILLA DR.

City  
PORTLAND

State  
OR

Zip Code  
97224-3410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PPS

Occupation (for Individual)  
MUSIC TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2019

**Transaction ID : SA11A.84466421**

Amount of Each Receipt this Period

3.00

☐ Memo Item  
CONTRIBUTION

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

**C. GIFFORD, CURT, WILLIAM, MR.,**

Mailing Address 905 CAMEL DR APT 212

City  
GILLETTE

State  
WY

Zip Code  
82716-4942

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SMITHS FOOD & DRUG

Occupation (for Individual)  
STORE CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2019

**Transaction ID : SA11A.84478895**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

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

93.00