

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

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

FOR LINE NUMBER: PAGE 17395 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. LEAVENS, LINK, , MR.,

Mailing Address 1202 WESTRIDGE DR.

City
VENTURA

State
CA

Zip Code
93003-1456

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 ▼

1013.50

Date of Receipt

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

Transaction ID : SA11A.84458177

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. LEAVITT, JEFFERY, M., MR.,

Mailing Address 70 S ORCHARD DR.
STE B

City

NORTH SALT LAKE

State

UT

Zip Code

84054-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

THE LEAVITT AGENCY INC

Occupation (for Individual)

INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID : SA11A.84468430

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. LEBOUTZ, STANTON, S., DR.,

Mailing Address 175 HIDDEN HILL FARM LANE

City

YORK

State

PA

Zip Code

17403-9362

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.84487175

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)..... ►

450.00