

# **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)

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☒ 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. EBERHARDT, NANCY, , MRS.,**

Mailing Address W5630 INDIAN MOUND ROAD

City  
ADELL

State  
WI

Zip Code  
53001-1136

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ST. NICHOLAS HOSPITAL

Occupation (for Individual)  
R. N.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2019

**Transaction ID : SA11A.84485315**

Amount of Each Receipt this Period

700.00

☐ Memo Item  
CONTRIBUTION

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

**B. EBERLE, BARBARA, ANN, MS.,**

Mailing Address 6070 80TH ST N 102

City

SAINT PETERSBURG

State  
FL

Zip Code  
33709-1065

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 ▼

226.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2019

**Transaction ID : SA11A.84483871**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. EBERT, DEBRA, L., MS.,**

Mailing Address 1648 MCCULLOCH BLVD S

City

LAKE HAVASU CITY

State  
AZ

Zip Code  
86406-8844

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 BES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2019

**Transaction ID : SA11A.84494122**

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)..... ►

825.00