

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

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

FOR LINE NUMBER: PAGE 19206 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. SHEFFIELD, ROBERT, E., DR.,

Mailing Address 1047 PEBBLE BEACH DRIVE

City
CLAYTON

State
CA

Zip Code
94517-2225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
ORTHODONTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : SA11A.84509494

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

B. SHELUDKO, YEVGENIY, , ,

Mailing Address 73 NORTH RD.
APT. E

City
HIGHLAND

State
NY

Zip Code
12528-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GREEN HAVEN CORRECTIONAL FACILITIES

Occupation (for Individual)
PLANT UTILITIES ENGINEER I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1501.00

Date of Receipt

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

Transaction ID : SA11A.84485317

Amount of Each Receipt this Period

120.00

☐ Memo Item
CONTRIBUTION

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

C. SHELUDKO, YEVGENIY, , ,

Mailing Address 73 NORTH RD.
APT. E

City
HIGHLAND

State
NY

Zip Code
12528-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GREEN HAVEN CORRECTIONAL FACILITIES

Occupation (for Individual)
PLANT UTILITIES ENGINEER I

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1501.00

Date of Receipt

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

Transaction ID : SA11A.84509140

Amount of Each Receipt this Period

120.00

☐ Memo Item
CONTRIBUTION

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

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

440.00