

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26144 OF 70573

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. COOPER, ANN, DENISE, MS.,

Mailing Address 15716 E JACKRABBIT LN

City
FOUNTAIN HILLSState
AZZip Code
85268-6535FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2019

Transaction ID : SA11A.84960287

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

B. WINRED

Mailing Address P.O. BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12221113.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2019

Transaction ID : SA11C.84599726259552

Amount of Each Receipt this Period

250.00

☒ Memo Item
CONTRIBUTION
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED

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

C. PIDOUX, RENE, E., MR.,

Mailing Address 226 EDWARDS PL

City
GLENDALEState
CAZip Code
91206-4705FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GLENDALE FAMILY PRCTICE CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2019

Transaction ID : SA11A.84960300

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

295.00