

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

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

FOR LINE NUMBER: PAGE 28919 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. WHITE, DENNIS, , ,

Mailing Address 2865 LENOX RD NE
 APT 607

City
 ATLANTA

State
 GA

Zip Code
 30324-2887

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 ALLIANT HEALTH SOLUTIONS

Occupation (for Individual)
 CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 26 / 2019

Transaction ID : SA11A.84676009

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

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

B. WHITE RICKS, IRIS, ROSALEE, MS.,

Mailing Address 2122 GENERAL MOUTON DRIVE

City
 BOSSIER CITY

State
 LA

Zip Code
 71112-4734

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 ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 26 / 2019

Transaction ID : SA11A.84589546

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

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

C. WHITE, PHYLLIS, , MRS.,

Mailing Address 39045 N. LUKE LANE

City
 SAN TAN VALLEY

State
 AZ

Zip Code
 85140-5684

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 ▼

789.50

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 26 / 2019

Transaction ID : SA11A.84588780

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

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

135.00

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