

# **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)

PAGE 30979 OF 70573

☒ 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. SMITH, KENNETH, P., MR.,**

Mailing Address 9 NORWALK LANE

City  
SMITHTOWN

State  
NY

Zip Code  
11787-3110

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2019

Transaction ID : SA11A.84642890

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. SMITH, LAVADA, DIANE, MS.,**

Mailing Address 839 HILLDALE CIRCLE

City  
MILFORD

State  
MI

Zip Code  
48381-2346

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ST JOHN HOSPITAL

Occupation (for Individual)  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2019

Transaction ID : SA11A.84676954

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

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

**C. SMITH, PHILLIP, G., MR.,**

Mailing Address 1215 7TH AVE APT 1008

City  
CAMANCHE

State  
IA

Zip Code  
52730-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VALLEY OAKS GOLF COURSE

Occupation (for Individual)  
GOLF COURSE SUPERINTENDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1607.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2019

Transaction ID : SA11A.84642533

Amount of Each Receipt this Period

115.00

☐ Memo Item  
CONTRIBUTION

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

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

150.00