

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. EMI, RODERICK, MAKOTO, MR.,

Mailing Address P.O. BOX 1448

City
LA CANADA

State
CA

Zip Code
91012-5448

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 ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2019

Transaction ID : SA11A.84649893

Amount of Each Receipt this Period

530.00

☐ Memo Item
CONTRIBUTION

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

B. EMMETT, DIANA, C., MS.,

Mailing Address 109 E 8TH ST

City
LOVELL

State
WY

Zip Code
82431-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTH BIG HORN HOSPITAL

Occupation (for Individual)
C.N.A.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2019

Transaction ID : SA11A.84652416

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. ENCH, ROBERT, F., MR.,

Mailing Address 123 HARTEFELD DR.

City
AVONDALE

State
PA

Zip Code
19311-1407

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 BEST EFFORTS

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 / 30 / 2019

Transaction ID : SA11A.84665836

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)..... ►

680.00