

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

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

FOR LINE NUMBER: PAGE 32851 OF 70573

(check only one)

☒ 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. MCDONALD, CHARLES, , MR., JR.**

Mailing Address 230 SHADYWOOD DRIVE

City  
NEWPORT NEWS

State  
VA

Zip Code  
23602-7331

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 ▼

269.75

Date of Receipt

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

Transaction ID : SA11A.84661892

Amount of Each Receipt this Period

60.00

☐ Memo Item  
CONTRIBUTION

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

**B. MCDONALD, KEN, , MR.,**

Mailing Address 127 6TH STREET EAST

City  
TIERRA VERDE

State  
FL

Zip Code  
33715-2243

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 ▼

750.00

Date of Receipt

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

Transaction ID : SA11A.84664192

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. MCDONNELL, KENNON, , MR.,**

Mailing Address 712 CHESAPEAKE DRIVE

City  
GULF BREEZE

State  
FL

Zip Code  
32561-4504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ASCENSION HEALTH

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11A.84666164

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

810.00