

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

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

FOR LINE NUMBER: PAGE 7164 OF 12287

(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. HARRIS, MARTIN, , MR.,

Mailing Address 4575 DAIRY WAY

City
PEACHTREE CORNERS

State
GA

Zip Code
30092-1325

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TIVERITY

Occupation (for Individual)
IT NETWORK ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2017

Transaction ID : SA11A.72711864

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. HARRIS, ROBERT, K., MR.,

Mailing Address 3453 ROSE AVE

City
FEASTERVILLE TREVOSE

State
PA

Zip Code
19053-4938

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
O FOWLEYS

Occupation (for Individual)
PT TIME COOK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.18

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2017

Transaction ID : SA11A.72712253

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

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

C. HARRIS, SUE, , MS.,

Mailing Address 1916 WESTBURY RD

City
BEAUMONT

State
TX

Zip Code
77713-9131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2017

Transaction ID : SA11A.72711060

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

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

61.00