

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

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

FOR LINE NUMBER: PAGE 46 OF 127

(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 Party of Texas

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

A. Swearngan, Chip, , ,

Mailing Address 5436 McCulloch Circle

City  
HoustonState  
TXZip Code  
77056FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Westlake ChemicalOccupation (for Individual)  
Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2019

Transaction ID : A773EBED3D41845EE9A1

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

B. Carroll, Russell, , MAJ,

Mailing Address 2275 Wendt Rd

City  
OglesbyState  
TXZip Code  
76561-1507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VaOccupation (for Individual)  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2019

Transaction ID : A6DDD84730FDB4AD5B93

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Rodriguez, David, , ,

Mailing Address 443 BUFFALO SPRINGS SPUR

City  
New BraunfelsState  
TXZip Code  
78132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2019

Transaction ID : A8ACD7105170E483892D

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

925.00

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