

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

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

FOR LINE NUMBER: PAGE 8149 OF 23889

(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. STRAKER, JOHN, W., MR.,**

Mailing Address 925 MILITARY RD  
UNIT 1202

City  
ZANESVILLE

State  
OH

Zip Code  
43701-1316

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 ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2016

**Transaction ID : SA11A.67978953**

Amount of Each Receipt this Period

101.00

☐ Memo Item  
CONTRIBUTION

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

**B. STRAND, RUTH, E., MRS.,**

Mailing Address N2165 VALLEY ROAD

City  
LACROSSE

State  
WI

Zip Code  
54601-7148

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 ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2016

**Transaction ID : SA11A.67983195**

Amount of Each Receipt this Period

46.00

☐ Memo Item  
CONTRIBUTION

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

**C. STRAYER, JOHN, , ,**

Mailing Address 1629 OHIO AVE N

City  
LIVE OAK

State  
FL

Zip Code  
32064-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JOHNS LAWN EQUIPMENT

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2016

**Transaction ID : SA11A.68045839**

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

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

148.00

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