

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 455 OF 7952
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A. LEVENTIS, PETER, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 S BOLEN HALL CT.  
 City COLUMBIA State SC Zip Code 29209-0805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COLLIER HEALTH SERVICES, INC. Occupation (for Individual) HEALTH CARE ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2018  
**Transaction ID : SA11A.74838616**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

**B. LEVY, LEORA, R., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 59 PECKSLAND ROAD  
 City GREENWICH State CT Zip Code 06831-3711  
 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 ▼ 30000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2018  
**Transaction ID : SA11A.74813916**  
 Amount of Each Receipt this Period  
 6000.00  
 Memo Item  
**CONTRIBUTION**

**C. LEWIS, DAVID, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address RR 4 BOX 1590  
 City STILWELL State OK Zip Code 74960-9488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TDC Occupation (for Individual) TRUCK DRIVER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2018  
**Transaction ID : SA11A.74852782**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	