

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

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

FOR LINE NUMBER: PAGE 4377 OF 7822

(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. LIPE, DOLORES, A., MRS.,

Mailing Address 7096 RED CEDAR COVE

City
EXCELSIOR

State
MN

Zip Code
55331-7796

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 ▼

451.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2018

Transaction ID : SA11A.75349856

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. LIPANOPOULOS, ANDREAS, N., MR.,

Mailing Address 4033 AVINADA DEL MAR

City
NEW PORT RICHEY

State
FL

Zip Code
34655-5702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
B.F.T., INC.

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2018

Transaction ID : SA11A.75349818

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

C. LIPSKY, RICHARD, , ,

Mailing Address 9701 COLLINS AVE
APT 2004

City
BAL HARBOUR

State
FL

Zip Code
33154-2236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3535.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2018

Transaction ID : SA11A.75357655

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

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

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

2565.00