

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

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

FOR LINE NUMBER: PAGE 18 OF 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ALABAMA REPUBLICAN PARTY

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

A. GULLEDGE, DAVID, , MR.,

Mailing Address 47 CIRCLE DRIVE N.E.

City

FORT PAYNE

State

AL

Zip Code

35967

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

THE CHILDRENS PLACE SEDC

Occupation (for Individual)

FACILITIES ADMINISTRATOR

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 26 / 2019

Transaction ID : SA11Al.51660

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. HAIGLER, SUSAN, , MRS.,

Mailing Address 3520 SOUTHVIEW AVENUE

City

MONTGOMERY

State

AL

Zip Code

36111-1424

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2019

Transaction ID : SA11Al.51352

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. HALL, DAVID, A, MR.,

Mailing Address POST OFFICE BOX 939

City

HAMILTON

State

AL

Zip Code

35570-0939

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

DAVID HALL INSURANCE AGENCY, INC.

Occupation (for Individual)

OWNER

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2019

Transaction ID : SA11Al.51375

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

130.00

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