

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1541 OF 5677

☒ 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. SMITH, CHAD, , MR.,

Mailing Address 733 BEECH STREET

City
COLUMBUS

State
OH

Zip Code
43206-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ERIE INSURANCE GROUP

Occupation (for Individual)
CLAIMS ADJUSTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 10 / 2017

Transaction ID : SA11A.72202239

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

B. SMITH, GLORIA, ANN, MRS.,

Mailing Address 20378 OLD GREY PL

City
ASHBURN

State
VA

Zip Code
20147-5519

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
URBAN BROKERS, LLC

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 10 / 2017

Transaction ID : SA11A.72198157

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. SMITH, THOMAS, J., MR.,

Mailing Address 803 KAREN DRIVE

City
KINGSVILLE

State
MD

Zip Code
21087-1023

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 10 / 2017

Transaction ID : SA11A.72192445

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

350.00