

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

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

FOR LINE NUMBER: PAGE 4999 OF 12646

(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. YORK, DORIS, , MRS.,

Mailing Address 20 OAK TREE LN

City
LOUISVILLE

State
KY

Zip Code
40245-5041

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2020

Transaction ID : SA11A.86069380

Amount of Each Receipt this Period

275.00

☐ Memo Item
CONTRIBUTION

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

B. YOUNG, CAROL, DIANE, MRS.,

Mailing Address 7 JUSTIN CT

City
NAPA

State
CA

Zip Code
94558-2749

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2020

Transaction ID : SA11A.86021789

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. YOUNG, CHARLES, , ,

Mailing Address 14419 MARTHA STREET

City
VAN NUYS

State
CA

Zip Code
91401-4621

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CYOUNG DDS, APC

Occupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2020

Transaction ID : SA11A.86368811

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

360.00

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