

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5960 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. WORKMAN, THOMAS, E., MR.,

Mailing Address 401 EAST 60TH STREET #26B

City
NEW YORK

State
NY

Zip Code
10022-1592

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

FINANCIAL STABILITY OVERSIGHT COUNCIL

Occupation (for Individual)

INDEPENDENT MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2020

Transaction ID : SA11A.86173451

Amount of Each Receipt this Period

1100.00

☐ Memo Item
CONTRIBUTION

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

B. WYNER, JEAN, MCNEIL, MS.,

Mailing Address 1115 14TH ST
APT. 102

City
SANTA MONICA

State
CA

Zip Code
90403-5437

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 ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2020

Transaction ID : SA11A.86181221

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. WYNNE, ROBERT, C., MR.,

Mailing Address 3179 ROCKINGHAM DRIVE N.W.

City
ATLANTA

State
GA

Zip Code
30327-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

JOHNSON & BRYAN

Occupation (for Individual)

INSURANCE BROKER

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
02 / 13 / 2020

Transaction ID : SA11A.86145502

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

1500.00

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