

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7699 OF 12646

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. DIBIANCA, FRANK, A., DR.,**

Mailing Address 6504 CHERRYHILL PKWY

City  
MEMPHISState  
TNZip Code  
38120-4378FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF TENNESSEEOccupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
02	19	2020

Transaction ID : SA11A.86357509

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. DICKINSON, MARK, C., MR.,**

Mailing Address 10541 E GROUNDCHERRY LN

City  
SCOTTSDALEState  
AZZip Code  
85262-3371FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M	D D	Y Y Y Y
02	19	2020

Transaction ID : SA11A.86356640

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

**C. DIGAETANO, DOLORES, M., MS.,**

Mailing Address 900 BURROW CEMETERY RD.

City  
ARLINGTONState  
TNZip Code  
38002FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHAMBERLIN CLINICOccupation (for Individual)  
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M	D D	Y Y Y Y
02	19	2020

Transaction ID : SA11A.86452985

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

650.00

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