

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

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

FOR LINE NUMBER: PAGE 7837 OF 12646

(check only one)

☒ 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. SCHILLINGER, DENVER, , ,**

Mailing Address 338 RT5 SOUTH

City  
WINDSOR

State  
VT

Zip Code  
05089-9425

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BROWN MASONRY

Occupation (for Individual)  
MASON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2020

**Transaction ID : SA11A.86451580**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. SCHILLINGER, DENVER, , ,**

Mailing Address 338 RT5 SOUTH

City  
WINDSOR

State  
VT

Zip Code  
05089-9425

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BROWN MASONRY

Occupation (for Individual)  
MASON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2020

**Transaction ID : SA11A.86452983**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. SCHMIDT, ANTON, , MR.,**

Mailing Address 7324WESTMORE

City  
ROCKVILLE

State  
MD

Zip Code  
20850

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2020

**Transaction ID : SA11A.86451998**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

170.00

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