

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

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

FOR LINE NUMBER: PAGE 10466 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. SMITH, MONIQUE, , MS.,

Mailing Address 820 AUBURN LN

City
PAPILLION

State
NE

Zip Code
68046-6260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DISABLED

Occupation (for Individual)
DISABLED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2020

Transaction ID : SA11A.86632564

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

B. SMITH, PATRICIA, A., MS.,

Mailing Address 17130 MCRAE RD NW

City
ARLINGTON

State
WA

Zip Code
98223-8089

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
FOODSERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2020

Transaction ID : SA11A.86614471

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. SMITH, PETER, , ,

Mailing Address 7254 BIGTOOTH MAPLE DRIVE

City
COLORADO SPRINGS

State
CO

Zip Code
80925-9497

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DYNAMIC FAMILY MEDICINE

Occupation (for Individual)
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2020

Transaction ID : SA11A.86580030

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

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

1085.00