

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Washington State Republican Party**

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

**A. Bachman, Constance, , ,**

Mailing Address 104 W Main St

City  
Goldendale

State  
WA

Zip Code  
98620-9589

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
K-C Pharmacy

Occupation (for Individual)  
Pharmacist

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  
04 / 22 / 2020

**Transaction ID : A148A4AB4B68946D58A6**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Jensen, Marlyn, E, ,**

Mailing Address 6409 Rosedale St NW

City  
Gig Harbor

State  
WA

Zip Code  
98335-6687

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Property Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2020

**Transaction ID : A9CAC0B04C35F4355A15**

Amount of Each Receipt this Period

7000.00

☐ Memo Item

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

**C. Sciola, Patricia, A, ,**

Mailing Address 6029 128th Ave NE

City  
Kirkland

State  
WA

Zip Code  
98033-8511

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2020

**Transaction ID : A231049683DE842F781D**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

7500.00