

# **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)

PAGE 919 OF 8857

☒ 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. FULWYLER, CRAIG, , ,**

Mailing Address P.O. BOX 8013

City  
WASCO

State  
CA

Zip Code  
93280-8087

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MCCONNELL FARMS

Occupation (for Individual)  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2019

**Transaction ID : SA11A.79178027**

Amount of Each Receipt this Period

42.00

☐ Memo Item  
CONTRIBUTION

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

**B. FULWYLER, CRAIG, , ,**

Mailing Address P.O. BOX 8013

City  
WASCO

State  
CA

Zip Code  
93280-8087

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MCCONNELL FARMS

Occupation (for Individual)  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2019

**Transaction ID : SA11A.79178028**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. FUNK, SUSAN, , MRS.,**

Mailing Address 425 UPLAND WAY

City  
GREEN RIVER

State  
WY

Zip Code  
82935-6063

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2019

**Transaction ID : SA11A.79122411**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

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

167.00