

# **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)

**REPUBLICAN NATIONAL COMMITTEE**

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

**A. GANT, DEBORAH, , ,**

Mailing Address 5502 SONGBIRD DR.

City  
PEARLAND

State  
TX

Zip Code  
77584-5603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEARLANDPEDIATRICS

Occupation (for Individual)  
PEDIATRICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.50

Date of Receipt

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

**Transaction ID : SA11A.79178088**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. GARCIA, FELIPE, SEGUNDO, MR., SR.**

Mailing Address 1840 SE 63RD AVE

City  
MIAMI

State  
FL

Zip Code  
33155-2014

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 ▼

203.75

Date of Receipt

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

**Transaction ID : SA11A.79133956**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. GARNER, JOHN, R., MR.,**

Mailing Address 2489 HIGH RIGGER ROAD

City  
FERNANDINA

State  
FL

Zip Code  
32034-4520

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 ▼

210.00

Date of Receipt

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

**Transaction ID : SA11A.79136476**

Amount of Each Receipt this Period

105.00

☐ Memo Item  
CONTRIBUTION

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

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

175.00