

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. WRIGHT, JONATHAN, D., DR.,

Mailing Address 27022 SHAWNEE DRIVE

City
PERRYSBURGState
OHZip Code
43551-5400FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE TOLEDO CLINICOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
04	05	2019

Transaction ID : SA11A.79194140

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

B. WRIGHT, KENNETH, EDMOND, MR.,

Mailing Address 8975 COLES LANDING DR.

City
GLOUCESTERState
VAZip Code
23061-5464FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
04	05	2019

Transaction ID : SA11A.79192150

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

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

C. WRIGHT, VADA, , ,

Mailing Address 206 4TH AVE S.

City
COLLINWOODState
TNZip Code
38450-4606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
04	05	2019

Transaction ID : SA11A.79191417

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

245.00

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