

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

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

FOR LINE NUMBER: PAGE 3507 OF 8857

(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. LEW, LUEN, , MRS.,

Mailing Address 165 PARK ROW
APT. 10B

City
NEW YORK

State
NY

Zip Code
10038-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1102.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2019

Transaction ID : SA11A.79285906

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. LEWIS, BOBBY, , MR.,

Mailing Address 5316 SANTA TERESA DR.

City
EL PASO

State
TX

Zip Code
79932-2538

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

DEPT OF VETERANS AFFAIRS

Occupation (for Individual)

SOCIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2019

Transaction ID : SA11A.79288612

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. LEWIS, KATHY, , MS.,

Mailing Address P.O. BOX 631

City
GRATIS

State
OH

Zip Code
45330-0631

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 ▼

347.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2019

Transaction ID : SA11A.79288614

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)..... ►

570.00