

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

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

FOR LINE NUMBER: PAGE 3855 OF 8857

(check only one)

☒ 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. KIRKCONNELL, DAVID, JAY, MR.,

Mailing Address 535 SHERIDAN

City
DETROIT

State
MI

Zip Code
48214-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNEMPLOYED

Occupation (for Individual)
UNEMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2019

Transaction ID : SA11A.79314258

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. KIRKWOOD, CELIA, , MRS.,

Mailing Address 6258 S. GARLING ROAD

City
CASPER

State
WY

Zip Code
82601-6647

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOMEMAKER

Occupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2019

Transaction ID : SA11A.79308477

Amount of Each Receipt this Period

510.00

☐ Memo Item
CONTRIBUTION

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

C. KISS, EMILIA, E., MRS.,

Mailing Address 1211 GULF OF MEXICO DR.
APT. 807

City
LONGBOAT KEY

State
FL

Zip Code
34228-3652

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EAST PASCO NEUROLOGICAL CENTER

Occupation (for Individual)
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2019

Transaction ID : SA11A.79294195

Amount of Each Receipt this Period

140.00

☐ Memo Item
CONTRIBUTION

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

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

700.00