

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

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

FOR LINE NUMBER: PAGE 5120 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. KNUST, GARY, B., MR.,

Mailing Address 5773 WOODWAY DRIVE
 # 450

City
 HOUSTON

State
 TX

Zip Code
 77057-1501

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 SELF-EMPLOYED

Occupation (for Individual)
 SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2019

Transaction ID : SA11A.79394313

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

B. KOLBE, DARREN, , ,

Mailing Address 409 E 7TH ST

City
 FORT WORTH

State
 TX

Zip Code
 76102-5566

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2019

Transaction ID : SA11A.79394316

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

C. KORANDO, CHARLES, W., DR.,

Mailing Address P.O. BOX 159

City
 FLORENCE

State
 OR

Zip Code
 97439-0006

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 SELF-EMPLOYED

Occupation (for Individual)
 DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2019

Transaction ID : SA11A.79367961

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

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

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

700.00