

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

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

FOR LINE NUMBER: PAGE 5292 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. DAUGSTRUP, SHARON, E., MRS.,**

Mailing Address 891 MOREWOOD PKWY

City  
ROCKY RIVER

State  
OH

Zip Code  
44116-1433

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 19 / 2019

Transaction ID : SA11A.79395839

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. DAVIS, ANTONIO, , MR.,**

Mailing Address 24465 KENT DR.

City  
MILLSBORO

State  
DE

Zip Code  
19966-3639

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LISY CORP

Occupation (for Individual)  
SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.80

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 19 / 2019

Transaction ID : SA11A.79388774

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. DAVIS, MARDI, , MRS.,**

Mailing Address 1808 OLD SORREL TRAIL

City  
BILLINGS

State  
MT

Zip Code  
59105-5545

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 ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 19 / 2019

Transaction ID : SA11A.79395843

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

250.00