

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

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

FOR LINE NUMBER: PAGE 5763 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. NUSSBAUM, CAROLE, , MS.,**

Mailing Address 5088 E QUEENWOOD RD

City  
GROVELAND

State  
IL

Zip Code  
61535-9611

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 ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2019

**Transaction ID : SA11A.79418843**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. NYHAMMER, SVEIN, , ,**

Mailing Address 18504 RIDGEFIELD RD NW

City  
SHORELINE

State  
WA

Zip Code  
98177-3225

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2019

**Transaction ID : SA11A.79415855**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. O'KARMA, KARA, , ,**

Mailing Address 213 SOUTH CIRCLE DRIVE

City  
WEIRTON

State  
WV

Zip Code  
26062-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WHEELING HOSPITAL

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2019

**Transaction ID : SA11A.79442293**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

350.00