

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

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

FOR LINE NUMBER: PAGE 7724 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. GALITA, DAN, A., MR.,**

Mailing Address 9241 HIGHLAND DRIVE

City  
BRECKSVILLE

State  
OH

Zip Code  
44141-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CCMEO

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2019

Transaction ID : SA11A.79616459

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. GALLAGHER, DANIEL, K., ,**

Mailing Address 914 HEATHROW LN

City  
NAPERVILLE

State  
IL

Zip Code  
60540-0338

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2019

Transaction ID : SA11A.79589315

Amount of Each Receipt this Period

105.00

☐ Memo Item  
CONTRIBUTION

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

**C. GALLAGHER, JAMES, E., MR.,**

Mailing Address 6904 MINK AVENUE

City  
ANCHORAGE

State  
AK

Zip Code  
99504-2663

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 ▼

334.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2019

Transaction ID : SA11A.79616464

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

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

210.00