

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

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

FOR LINE NUMBER: PAGE 7904 OF 8857

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

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

A. MACKAY, DIANE, M., MS.,

Mailing Address 14 BATTERSEA CT

City
O FALLON

State
MO

Zip Code
63366-1156

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 ▼

407.75

Date of Receipt

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

Transaction ID : SA11A.79618330

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. MACPHERSON, WILLIAM, FRANKLIN, MR., JR.

Mailing Address P.O. BOX 1416

City
ONTARIO

State
CA

Zip Code
91762-0416

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID : SA11A.79611302

Amount of Each Receipt this Period

110.00

☐ Memo Item
CONTRIBUTION

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

C. MADISON, CHRIS, , ,

Mailing Address 10554 E STATE ROAD 28

City
FRANKFORT

State
IN

Zip Code
46041-8925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FRANCISCAN HEALTH LAFAYETTE E HOSPITAL

Occupation (for Individual)
HOSPITAL CHAPLAIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.79618343

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)..... ►

660.00