

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

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

FOR LINE NUMBER: PAGE 2721 OF 31559

(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. TEDESCO, CAROL, , MS.,

Mailing Address 7 TEE BOX TRAIL

City

MURRELLS INLET

State

SC

Zip Code

29576-4358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2019

Transaction ID : SA11A.82433306

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. TEEMSMA, MICHAEL, , MR.,

Mailing Address 114 ALBANY AVE

City

WESTBURY

State

NY

Zip Code

11590-4205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NORTHWELL HEALTY SYSTEM

Occupation (for Individual)

PLUMBER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2019

Transaction ID : SA11A.82492472

Amount of Each Receipt this Period

36.00

☐ Memo Item
CONTRIBUTION

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

C. TEFO, RICHARD, , ,

Mailing Address 660 MY MARY DR.

City

GREEN BAY

State

WI

Zip Code

54311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GBAA

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1119.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2019

Transaction ID : SA11A.82435059

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

171.00

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