

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6009 OF 31559

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. WAGNER, CHARLES, H., MR.,**

Mailing Address 3588 JAMES LANE

City

ALEXANDRIA

State

KY

Zip Code

41001-9507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	2		2	0	1	9		

Transaction ID : SA11A.82679174

Amount of Each Receipt this Period

26.00

☐ Memo Item  
 CONTRIBUTION

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

**B. WAID, DORIS, C., MS.,**

Mailing Address 5630 BRIARWOOD ST SW

City

CEDAR RAPIDS

State

IA

Zip Code

52404-5302

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 ▼

222.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	2		2	0	1	9		

Transaction ID : SA11A.82673343

Amount of Each Receipt this Period

45.00

☐ Memo Item  
 CONTRIBUTION

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

**C. WALDRON, RONALD, J., DR.,**

Mailing Address 4335 CORSO VENETIA BLVD

City

VENICE

State

FL

Zip Code

34293-7057

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 ▼

557.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	2		2	0	1	9		

Transaction ID : SA11A.82674559

Amount of Each Receipt this Period

1.00

☐ Memo Item  
 CONTRIBUTION

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

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

72.00