

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. SCOTT, DONNA, , ,**

Mailing Address 291 NORTH SCHAFER ROAD

City  
POTTSTOWN

State  
PA

Zip Code  
19464-1111

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 ▼

223.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2019

**Transaction ID : SA11A.82704596**

Amount of Each Receipt this Period

26.00

☐ Memo Item  
CONTRIBUTION

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

**B. SCOTT, SANDRA, , MRS.,**

Mailing Address 2501 N. 22ND STREET

City  
SUPERIOR

State  
WI

Zip Code  
54880-7307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ESSENTIA HEALTH

Occupation (for Individual)  
BUYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2019

**Transaction ID : SA11A.82699179**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. SCOTT, WILLIE, , MR.,**

Mailing Address 10303 AUTUMN HARVEST DR.

City  
HOUSTON

State  
TX

Zip Code  
77064-4310

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 ▼

466.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2019

**Transaction ID : SA11A.82705306**

Amount of Each Receipt this Period

151.00

☐ Memo Item  
CONTRIBUTION

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

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

227.00