

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10397 OF 31559

(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. BURGER, TIMOTHY, EARL, DR.,

Mailing Address 340 WILTSEE AVE

City
LOVELANDState
OHZip Code
45140-8854FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUND PHYSICIANSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.59

Date of Receipt

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

Transaction ID : SA11A.83045441

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5632068.54

Date of Receipt

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

Transaction ID : SA11C.83043109250264

Amount of Each Receipt this Period

100.00

☒ Memo Item
CONTRIBUTION

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED

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

C. LAZO, MARCELA, , ,

Mailing Address 552 N COUNTRY CLUB DRIVE

City
LAKE WORTHState
FLZip Code
33462-1006FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PALM BEACH OBGYNOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

231.50

Date of Receipt

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

Transaction ID : SA11A.83045445

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

200.00