

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11201 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. BYRNE, AILEEN, , MRS.,

Mailing Address 72 VISTA GRANDE DR.

 City
 PINE HAVEN

 State
 WY

 Zip Code
 82721-9726

 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 ▼

 287.50

Date of Receipt

 M M / D D / Y Y Y Y
 10 / 04 / 2019

Transaction ID : SA11A.82716212

Amount of Each Receipt this Period

 25.00
☐ Memo Item
 CONTRIBUTION

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

B. BYRNES, THOMAS, E., MR.,

Mailing Address 8211 E. WOODWIND AVE

 City
 ORANGE

 State
 CA

 Zip Code
 92869-6563

 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 ▼

 309.75

Date of Receipt

 M M / D D / Y Y Y Y
 10 / 04 / 2019

Transaction ID : SA11A.82727187

Amount of Each Receipt this Period

 61.00
☐ Memo Item
 CONTRIBUTION

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

C. CADOTTE, ROBERT, SANCHEZ, DR.,

Mailing Address 240 MONTE VISTA RIDGE RD

 City
 ORINDA

 State
 CA

 Zip Code
 94563-1624

 FEC ID number of contributing
 federal political committee.

 C

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

 Occupation (for Individual)
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

 250.00

Date of Receipt

 M M / D D / Y Y Y Y
 10 / 04 / 2019

Transaction ID : SA11A.82722501

Amount of Each Receipt this Period

 250.00
☐ Memo Item
 CONTRIBUTION

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

 336.00
TOTAL This Period (last page this line number only)..... ►