

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

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

FOR LINE NUMBER: PAGE 12049 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. CASTELVECCHI, NORA, A., MRS.,**

Mailing Address 10307 TINGEWOOD TER.

City  
HENRICO

State  
VA

Zip Code  
23238-4205

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 ▼

272.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2019

Transaction ID : SA11A.82810622

Amount of Each Receipt this Period

26.00

☐ Memo Item  
CONTRIBUTION

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

**B. CASTELLI, PATRICIA, DIANE, MS.,**

Mailing Address 9461 AYSCOUGH ROAD

City  
SUMMERVILLE

State  
SC

Zip Code  
29485-8594

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 ▼

904.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2019

Transaction ID : SA11A.82805135

Amount of Each Receipt this Period

51.00

☐ Memo Item  
CONTRIBUTION

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

**C. CASTLE, WALTER, , MR.,**

Mailing Address 119 S. FORK RD

City  
CODY

State  
WY

Zip Code  
82414-9452

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 ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2019

Transaction ID : SA11A.82877763

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

177.00