

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

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

FOR LINE NUMBER: PAGE 12093 OF 31559

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

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

A. COLLIN, THOMAS, J., MR.,

Mailing Address 7879 OAKHURST CIRCLE

City
BRECKSVILLE

State
OH

Zip Code
44141-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11A.82869214

Amount of Each Receipt this Period

600.00

☐ Memo Item
CONTRIBUTION

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

B. COMANDANTE, VIRGINIA, B., MRS.,

Mailing Address 2231 ILEX AVE

City
SAN DIEGO

State
CA

Zip Code
92154-3004

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 ▼

766.50

Date of Receipt

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

Transaction ID : SA11A.82735089

Amount of Each Receipt this Period

27.00

☐ Memo Item
CONTRIBUTION

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

C. COMANDANTE, VIRGINIA, B., MRS.,

Mailing Address 2231 ILEX AVE

City
SAN DIEGO

State
CA

Zip Code
92154-3004

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 BES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

766.50

Date of Receipt

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

Transaction ID : SA11A.82811268

Amount of Each Receipt this Period

37.00

☐ Memo Item
CONTRIBUTION

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

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

664.00