

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

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

FOR LINE NUMBER: PAGE 13025OF 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. SMITH, FLOYD, AMES, DR., JR.

Mailing Address 4317 55TH AVE NE

City
SEATTLE

State
WA

Zip Code
98105-4949

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE POLYCLINIC

Occupation (for Individual)
SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

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

Transaction ID : SA11A.82880003

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

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

B. SMITH, GAIL, , ,

Mailing Address 1007 HARDWICK DR.

City
MARYVILLE

State
TN

Zip Code
37803-6761

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 ▼

211.00

Date of Receipt

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

Transaction ID : SA11A.82735095

Amount of Each Receipt this Period

106.00

☐ Memo Item
CONTRIBUTION

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

C. SMITH, GARRY, JOSEPH, MR.,

Mailing Address 14260 HERITAGE ST

City
RIVERVIEW

State
MI

Zip Code
48193-7816

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

276.00

Date of Receipt

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

Transaction ID : SA11A.82873493

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

157.00