

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. COLEMAN, RICHARD, , MR., II**

Mailing Address 4329 REYNOLDS DRIVE

City  
HILLIARD

State  
OH

Zip Code  
43026-1261

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MID OHIO PRODUCTS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2019

**Transaction ID : SA11A.82691823**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. COLLAZZI, CHARLES, L., MR.,**

Mailing Address 639 SPRING AVE

City  
RIDGEWOOD

State  
NJ

Zip Code  
07459

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 ▼

260.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2019

**Transaction ID : SA11A.82677341**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. COLLEY, PAULA, , ,**

Mailing Address 7 SUNSET TRAIL

City  
ROCKWALL

State  
TX

Zip Code  
75032-7615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2019

**Transaction ID : SA11A.82677639**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

310.00