

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. KATHOLI, RICHARD, , DR.,

Mailing Address 1989 OUTER PARK DRIVE

City
SPRINGFIELD

State
IL

Zip Code
62704-3387

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

PRAIRIE CARDIOVASCULAR/ ST. JOHN'S HOS

Occupation (for Individual)

CARDIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : SA11A.82910356

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. KATRIVESIS, NICKOLAOS, S., MR.,

Mailing Address 48067 HILLTOP DRIVE E.

City
PLYMOUTH

State
MI

Zip Code
48170-5281

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NSKGREEN CONSTRUCTION, INC.

Occupation (for Individual)
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.82891805

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. KATSANTONESS, CAROLE, , ,

Mailing Address 449 BOUCHELLE DR. UNIT 205

City
NEW SMYRNA

State
FL

Zip Code
32169-5472

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 ▼

263.75

Date of Receipt

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

Transaction ID : SA11A.82645596

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)..... ►

235.00