

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

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

FOR LINE NUMBER: PAGE 17989 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. CAICEDO, LOIS, E., MS.,

Mailing Address 859 DORCHESTER LANE
 APARTMENT A

City
 NEW MILFORD

State
 NJ

Zip Code
 07646-6004

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 ▼

223.75

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 15 / 2019

Transaction ID : SA11A.83158984

Amount of Each Receipt this Period

30.00

☐ Memo Item
 CONTRIBUTION

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

B. CAIN, JOHN, K., MR.,

Mailing Address P.O. BOX 603

City
 CARTHAGE

State
 TX

Zip Code
 75633-0603

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 ▼

637.50

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 15 / 2019

Transaction ID : SA11A.83163647

Amount of Each Receipt this Period

200.00

☐ Memo Item
 CONTRIBUTION

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

C. CAIN, SCOTT, , MR.,

Mailing Address 3101 EARLEWOOD DR

City
 COLUMBIA

State
 SC

Zip Code
 29201-1415

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 BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 15 / 2019

Transaction ID : SA11A.83144425

Amount of Each Receipt this Period

70.00

☐ Memo Item
 CONTRIBUTION

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

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

300.00