

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. CAMPBELL, JUDY, L., MRS.,

Mailing Address 28816 N 800 EAST RD

City
CORNELL

State
IL

Zip Code
61319-9668

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 ▼

265.00

Date of Receipt

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

Transaction ID : SA11A.83200906

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

B. CAMPBELL, KAREN, S., ,

Mailing Address 2647 ISIAH DR

City
MURFREESBORO

State
TN

Zip Code
37130-1475

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 ▼

351.00

Date of Receipt

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

Transaction ID : SA11A.83273247

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. CAMPBELL, KATHLEEN, M., ,

Mailing Address 12450 BISCAYNE BLVD
APT 321

City
JACKSONVILLE

State
FL

Zip Code
32218-8625

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GAT AIRLINE GROUND SUPPORT

Occupation (for Individual)
AIRLINE PASSENGER ASST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID : SA11A.82936644

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)..... ►

285.00