

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. GLIHA, PATRICIA, , MS.,

Mailing Address 7196 LEXINGTON COURT

City
NORTHFIELD

State
OH

Zip Code
44067-2889

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 ▼

263.50

Date of Receipt

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

Transaction ID : SA11A.83200078

Amount of Each Receipt this Period

51.00

☐ Memo Item
CONTRIBUTION

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

B. GLITSCHKA, DOANE, R., ,

Mailing Address 7840 EL CAJON BLVD
STE 500

City
LA MESA

State
CA

Zip Code
91942-0620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

C.P.A.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.83249739

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. GLOCK, JACOB, LEON, DR.,

Mailing Address 292 PRIMO DRIVE

City
FORT MYERS BEACH

State
FL

Zip Code
33931-2733

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SOUTHWEST FLORIDA FERTILITY CENTER

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID : SA11A.83256732

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

401.00