

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. CHILDERS, EDITH, J., MRS.,

Mailing Address 1632 HERITAGE BLVD

City
MAINEVILLE

State
OH

Zip Code
45039-5041

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 ▼

231.25

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2019

Transaction ID : SA11A.83346756

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. CHILDRESS, ROSE, , MISS,

Mailing Address 6645 OLIVE BRANCH RD

City
OREGONIA

State
OH

Zip Code
45054-9716

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

LOGICALIS

Occupation (for Individual)

SERVICE DELIVERY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2019

Transaction ID : SA11A.82968251

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. CHILIMIGRAS, KATHY, , MRS.,

Mailing Address 13943 INVITATIONAL DR.

City
HUDSON

State
FL

Zip Code
34667-6585

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 ▼

411.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2019

Transaction ID : SA11A.83350413

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

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

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

100.00