

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)

PAGE 23651 OF 31559

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

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

A. O'CONNELL, WILLIAM, , MR.,

Mailing Address 3802 E. ROLLING GREEN LANE

 City
 ORANGE

 State
 CA

 Zip Code
 92867-2117

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 O'CONNELL HOTELS

 Occupation (for Individual)
 HOTEL OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Transaction ID : SA11A.83344683

Amount of Each Receipt this Period

☐ Memo Item
 CONTRIBUTION

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

B. O'DELL, RICHARD, , MR.,

Mailing Address 300 FAMILIA CT

 City
 AZLE

 State
 TX

 Zip Code
 76020-4070

 FEC ID number of contributing
 federal political committee.

 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 ▼

Date of Receipt

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

Transaction ID : SA11A.83338777

Amount of Each Receipt this Period

☐ Memo Item
 CONTRIBUTION

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

C. OBRIENGARNER, ELIZABETH, , ,

Mailing Address 22619 FAIRWAY CT

 City
 TEHACHAPI

 State
 CA

 Zip Code
 93561-7953

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 RETIRED

 Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Transaction ID : SA11A.82968337

Amount of Each Receipt this Period

☐ Memo Item
 CONTRIBUTION

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

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