

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24326 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. MCCLELLAND, FAY, , MRS.,

 Mailing Address P.O. BOX 3293
 12852 N HWY 59

 City
 GILLETTE

 State
 WY

 Zip Code
 82717-3293

 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 ▼

 363.50

Date of Receipt

 M / D / Y
 10 / 22 / 2019

Transaction ID : SA11A.83354484

Amount of Each Receipt this Period

 16.00
☐ Memo Item
 CONTRIBUTION

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

B. MCCLEES, KRISTINA, GEDGAUDAS, DR.,

Mailing Address 33 IVY CHASE NE

 City
 ATLANTA

 State
 GA

 Zip Code
 30342-4500

 FEC ID number of contributing
 federal political committee.

 C

 Name of Employer (for Individual)
 NORTH METRO RADIOLOGY

 Occupation (for Individual)
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

 5563.75

Date of Receipt

 M / D / Y
 10 / 22 / 2019

Transaction ID : SA11A.83085568

Amount of Each Receipt this Period

 100.00
☐ Memo Item
 CONTRIBUTION

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

C. MCCLEES, KRISTINA, GEDGAUDAS, DR.,

Mailing Address 33 IVY CHASE NE

 City
 ATLANTA

 State
 GA

 Zip Code
 30342-4500

 FEC ID number of contributing
 federal political committee.

 C

 Name of Employer (for Individual)
 NORTH METRO RADIOLOGY

 Occupation (for Individual)
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

 5563.75

Date of Receipt

 M / D / Y
 10 / 22 / 2019

Transaction ID : SA11A.83085569

Amount of Each Receipt this Period

 100.00
☐ Memo Item
 CONTRIBUTION

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

 216.00
TOTAL This Period (last page this line number only)..... ►