

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. MCCUNE, RALPH, , MR.,

Mailing Address 11560 DRUMMOND DRIVE

City
DALLAS

State
TX

Zip Code
75228-1918

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 ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2019

Transaction ID : SA11A.83377322

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. MCDONALD, BRUCE, ALLAN, MR.,

Mailing Address 2901 BERTA PLACE

City

GREEN COVE SPRINGS

State

FL

Zip Code

32043-7259

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 ▼

791.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2019

Transaction ID : SA11A.83385100

Amount of Each Receipt this Period

105.00

☐ Memo Item
CONTRIBUTION

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

C. MCDONALD, DOUGLAS, DENIS, MR.,

Mailing Address 7879 MAHOGANY LN

City

WEST PALM BEACH

State

FL

Zip Code

33411-3832

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

U.S. DEPT. OF STATE

Occupation (for Individual)

I.T. SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2019

Transaction ID : SA11A.83377494

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)..... ►

255.00