

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 26134 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. WHITELEY, ALLEN, L., MR.,

Mailing Address 6293 WATERLOO DR.

City
EASTON

State
MD

Zip Code
21601-8575

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 ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2019

Transaction ID : SA11A.83260473

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. WHITECOTTON, CONNIE, K., MRS.,

Mailing Address 922 N. TWIN OAKS DRIVE

City

CRAWFORDSVILLE

State

IN

Zip Code

47933-6129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
ARCHITECT

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 / 25 / 2019

Transaction ID : SA11A.83445069

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. WHITE, DENNIS, , ,

Mailing Address 2865 LENOX RD NE APT 607

City

ATLANTA

State

GA

Zip Code

30324-2887

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALLIANT HEALTH SOLUTIONS

Occupation (for Individual)
CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2019

Transaction ID : SA11A.83260469

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

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

170.00