

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26749 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
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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. CHAVOLLA, CARMEN, M., MRS.,**

Mailing Address 700 VILLAGE GREEN CT APT H303

City  
PALM SPRINGSState  
FLZip Code  
33461-6508FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2019

**Transaction ID : SA11A.83217393**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

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

**B. CHEEK, ROGER, , MR.,**

Mailing Address 8165 VIRGINIA BYWAY

City  
BEDFORDState  
VAZip Code  
24523-4767FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
AUTO COLLISION REPAIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2019

**Transaction ID : SA11A.83464644**

Amount of Each Receipt this Period

70.00

☐ Memo Item  
 CONTRIBUTION

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

**C. CHEN, DANIEL, Y., MR.,**

Mailing Address 1654 PATHWAY DRIVE

City  
NAPERVILLEState  
ILZip Code  
60565-9310FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
SHOP MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

426.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2019

**Transaction ID : SA11A.83465574**

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)..... ►

155.00