

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27146 OF 31559

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. KOHORST, RITA, M., MS.,

Mailing Address 13 JUSTICIA LN

 City
 CINCINNATI

 State
 OH

 Zip Code
 45218-1221

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 E.L.E.X., INC.

 Occupation (for Individual)
 SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

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

Transaction ID : SA11A.83466438

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

B. KOIFMAN, KHAIM, S., DR.,

Mailing Address 580 EVELYN PL

 City
 BEVERLY HILLS

 State
 CA

 Zip Code
 90210-1824

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 SELF-EMPLOYED

 Occupation (for Individual)
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.25

Date of Receipt

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

Transaction ID : SA11A.83453801

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

C. KOLLMORGEN, ROBERT, L., DR.,

 Mailing Address 9225 CASCADE AVE
 APT 2426

 City
 WEST DES MOINES

 State
 IA

 Zip Code
 50266-8650

 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 ▼

5000.00

Date of Receipt

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

Transaction ID : SA11A.83454910

Amount of Each Receipt this Period

5000.00

☐ Memo Item
 CONTRIBUTION

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

5200.00

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