

# **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)

PAGE 28926 OF 31559

☒ 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. LANTZ, LANON, , ,**

Mailing Address 5208 WICHITA AVENUE

City  
CLEVELAND

State  
OH

Zip Code  
44144-3643

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PARMA MEDICAL CENTER

Occupation (for Individual)  
REGISTERED NURSE

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 / 29 / 2019

**Transaction ID : SA11A.83357385**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. LANUZZA, DOMENICK, DON, MR.,**

Mailing Address 37974 ELMITE STREET

City

HARRISON TOWNSHIP

State

MI

Zip Code

48045-3454

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 ▼

331.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2019

**Transaction ID : SA11A.83476077**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. LANYUCK, KAREN, , ,**

Mailing Address 10540 ANTON OLACE

City

SAINT LOUIS

State

MO

Zip Code

63128-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CDLC

Occupation (for Individual)  
REGISTERED NURSE

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 / 29 / 2019

**Transaction ID : SA11A.83357386**

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)..... ►

105.00