

# **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. LOGAN, SARAH, L., MRS.,**

Mailing Address 1151 BARKLEY LANE

City  
BIRMINGHAM

State  
AL

Zip Code  
35242-4673

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11A.68474687

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. LOGAN, SEAN, , DR.,**

Mailing Address 322 FOX RUN ROAD

City  
FINDLAY

State  
OH

Zip Code  
45840-7436

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BVHA

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1096.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11A.68479152

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. LOHRENZ, CLARENCE, , MR.,**

Mailing Address 1966 W CROOKED STICK DR.

City  
EAGLE

State  
ID

Zip Code  
83616-6724

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11A.68434256

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)..... ►

450.00