

# **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. DEPALMA, MICHAEL, THOMAS, MR.,**

Mailing Address 13520 STRATFORD PLACE CIRCLE  
# 202

City  
FORT MYERS

State  
FL

Zip Code  
33919-5159

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 ▼

2526.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2018

Transaction ID : SA11A.75073025

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. DICK, ALLEN, , ,**

Mailing Address 3033 YORK ROAD

City

PLEASANT VIEW

State

TN

Zip Code

37146-9073

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2018

Transaction ID : SA11A.75072776

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. DIVILLE, NATALIA, , MS.,**

Mailing Address 2935 WEST 5TH STREET

City

BROOKLYN

State

NY

Zip Code

11224-3965

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MAUNT SINAI HOSPITAL

Occupation (for Individual)  
ULTRASOUND TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2018

Transaction ID : SA11A.75093372

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

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

160.00