

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 153 OF 27332

(check only one)

☒ 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. BRADLEY, ROBERT, H., MR.,

Mailing Address 12655 S. US HIGHWAY 191

City
JACKSON

State
WY

Zip Code
83001-8895

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2019

Transaction ID : SA11A.80066420

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

B. BRADY, JEAN, D., MS.,

Mailing Address 320 WALLACE AVENUE

City
BENSALEM

State
PA

Zip Code
19020-7337

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 ▼

462.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2019

Transaction ID : SA11A.80053500

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. BRAIN, ELLIOTT, , ,

Mailing Address 1219 BERYLAN ST

City
BELVIDERE

State
IL

Zip Code
61008-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PCI PHARMA SERVICES

Occupation (for Individual)
CLINICAL PACKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

299.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2019

Transaction ID : SA11A.80080185

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)..... ►

1060.00