

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1456 OF 27332

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 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. OWENS, DANIEL, , ,

Mailing Address 616 PARKVIEW STREET

City
KILGOREState
TXZip Code
75662-6024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 06 | 04 | 2019 |

Transaction ID : SA11A.80086831

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. OYLER, MARY, ELIZABETH, MS.,

Mailing Address 19620 LEADWELL ST

City
RESEDAState
CAZip Code
91335-2434FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOTRE DAME HIGH SCHOOLOccupation (for Individual)
DIRECTOR OF FACILITIES SECURIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 06 | 04 | 2019 |

Transaction ID : SA11A.80087247

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. PADOVA, MARY, , MS.,

Mailing Address 70 LOGGER RD

City
GILLETTEState
WYZip Code
82716-9710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAMPBELL COUNTY SHERIFF'S OFFICEOccupation (for Individual)
DEPUTY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 06 | 04 | 2019 |

Transaction ID : SA11A.80071081

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

225.00

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