

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

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

FOR LINE NUMBER: PAGE 1584 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. SZABO, MARIANNA, , ,

Mailing Address 9700 N WILLOW AVE

City  
TAMPA

State  
FL

Zip Code  
33612-7762

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MID FLORIDA PATHOLOGY

Occupation (for Individual)  
PATHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

764.49

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 04 / 2019

Transaction ID : SA11A.80087309

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. SZYMANSKI, JUDITH, A., MRS.,

Mailing Address 829 SOUTH MAIN ST

City  
MANVILLE

State  
NJ

Zip Code  
08835-2550

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 ▼

701.25

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 04 / 2019

Transaction ID : SA11A.80084231

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

C. SZYMANSKI, JUDITH, A., MRS.,

Mailing Address 829 SOUTH MAIN ST

City  
MANVILLE

State  
NJ

Zip Code  
08835-2550

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 ▼

701.25

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 04 / 2019

Transaction ID : SA11A.80084701

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

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

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

115.00