

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1934 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. CASTLE, RICHARD, , MR.,**

Mailing Address 4808 STATE ROUTE 41 NW

City  
WASHINGTON COURT HOUSEState  
OHZip Code  
43160-9439FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M	D D	Y Y Y Y
06	06	2019

**Transaction ID : SA11A.80138783**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

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

**B. CAVALLO, JOSEPH, L., MR.,**

Mailing Address 9 GRAMERCY AVE

City  
YONKERSState  
NYZip Code  
10701-5113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.75

Date of Receipt

M M	D D	Y Y Y Y
06	06	2019

**Transaction ID : SA11A.80104956**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

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

**C. CECCHINI, ANN, , MS.,**

Mailing Address 1517 E LOMA VISTA ST

City  
GILBERTState  
AZZip Code  
85295-4908FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AETNA CORPORATIONOccupation (for Individual)  
MARKETING COMMUNICATIONS WRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M	D D	Y Y Y Y
06	06	2019

**Transaction ID : SA11A.80137260**

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)..... ►

375.00