

# **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. ERICKSON, LINDA, L., MRS.,**

Mailing Address 1320 CHINQUAPIN AVE

City  
CARLSBAD

State  
CA

Zip Code  
92008-3546

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 ▼

408.75

Date of Receipt

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

**Transaction ID : SA11A.80138189**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. ESKEW, MISTY, , ,**

Mailing Address 2620 ASHFIELD CT

City

SAINT AUGUSTINE

State  
FL

Zip Code  
32092-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LAWFIRM

Occupation (for Individual)  
PARALEGAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

**Transaction ID : SA11A.80138190**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. ESSLINGER, RUSSELL, , ,**

Mailing Address 5666 E HAMPTON ST  
APT 167

City

TUCSON

State  
AZ

Zip Code  
85712-2927

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 ▼

492.75

Date of Receipt

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

**Transaction ID : SA11A.80138479**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

120.00