

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

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

FOR LINE NUMBER: PAGE 3982 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. SYKES, DOUG, ELBERT, MR.,

Mailing Address 716 4TH ST

City

NEW MARTINSVILLE

State

WV

Zip Code

26155-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GRYPHON

Occupation (for Individual)

SAFETY REP OIL AND GAS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2019

Transaction ID : SA11A.80222178

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. SYVERSON, SEAN, , ,

Mailing Address 14411 E HOPPER ROAD

City

SPOKANE

State

WA

Zip Code

99217-5105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INLAND NORTHWEST HEALTH SERVICES

Occupation (for Individual)

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.27

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2019

Transaction ID : SA11A.80224006

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. 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 Y
06 / 11 / 2019

Transaction ID : SA11A.80221025

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

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

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

80.00