

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

FOR LINE NUMBER: PAGE 3983 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. SZABO, MARIANNA, , ,

Mailing Address 9700 N WILLOW AVE

City
TAMPAState
FLZip Code
33612-7762FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MID FLORIDA PATHOLOGYOccupation (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
06	11	2019

Transaction ID : SA11A.80223872

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. SZABO, MARIANNA, , ,

Mailing Address 9700 N WILLOW AVE

City
TAMPAState
FLZip Code
33612-7762FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MID FLORIDA PATHOLOGYOccupation (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
06	11	2019

Transaction ID : SA11A.80224420

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. SZCZEPEK, MANFRED, , MR.,

Mailing Address 110 CUTTER CIR

City
OKATIEState
SCZip Code
29909-4317FEC 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 ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
06	11	2019

Transaction ID : SA11A.80223983

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ►

350.00

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