

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

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

FOR LINE NUMBER: PAGE 6111 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. FRAVEL, MYRNA, , MRS.,**

Mailing Address 717 E. 850 N.

City  
DECATUR

State  
IN

Zip Code  
46733-8464

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 ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2019

Transaction ID : SA11A.80308328

Amount of Each Receipt this Period

55.00

☐ Memo Item  
CONTRIBUTION

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

**B. FRAZIER, SUSAN, , ,**

Mailing Address 15 MAGEE AVE

City  
LAVALLETTE

State  
NJ

Zip Code  
08735-2223

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 ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2019

Transaction ID : SA11A.80486564

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. FREEMAN, JENNIFER, , ,**

Mailing Address 678 SPORTSMAN CLUB ROAD

City  
DUBLIN

State  
GA

Zip Code  
31021-1412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VETERANS ADMINISTRATION

Occupation (for Individual)  
SOCIAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2019

Transaction ID : SA11A.80482062

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

190.00