

# **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. ROBERTS, FOREST, , ,**

Mailing Address 5099 WILLOW POND RD

City  
CLOVER

State  
SC

Zip Code  
29710-7003

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 ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.80486070

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. ROBERTSON, HEDGEMON, C., ,**

Mailing Address 1524 1/2 E SUNSHINE CT  
APT B

City  
LONG BEACH

State  
CA

Zip Code  
90813-3817

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PRIME

Occupation (for Individual)  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID : SA11A.80479209

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**C. ROBERTSON, HEDGEMON, C., ,**

Mailing Address 1524 1/2 E SUNSHINE CT  
APT B

City  
LONG BEACH

State  
CA

Zip Code  
90813-3817

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PRIME

Occupation (for Individual)  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID : SA11A.80487021

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

155.00