

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

FOR LINE NUMBER: PAGE 8417 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. PHRAVORACHITH, PHETSAMONE, , ,**

Mailing Address 3257 DUNLIN WAY

City  
LAWRENCEVILLEState  
GAZip Code  
30044-3567FEC 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 ▼

202.00

Date of Receipt

M M	D D	Y Y Y Y
06	21	2019

Transaction ID : SA11A.80527344

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. PICKERING, KURT, H., MR.,**

Mailing Address 7610 CHEYNE CIRCLE

City  
SPRINGState  
TXZip Code  
77379-7276FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DHS FEMAOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M	D D	Y Y Y Y
06	21	2019

Transaction ID : SA11A.80529478

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

**C. PIDOUX, RENE, E., MR.,**

Mailing Address 226 EDWARDS PL

City  
GLENDALEState  
CAZip Code  
91206-4705FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GLENDALE FAMILY PRCTICE CENTEROccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	D D	Y Y Y Y
06	21	2019

Transaction ID : SA11A.80529366

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

325.00

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