

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

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

FOR LINE NUMBER: PAGE 10057 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. WHITE, BEVERLY, A., MRS.,

Mailing Address 9176 SYDNEY LANE

City
BRENTWOOD

State
TN

Zip Code
37027-8149

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 ▼

510.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2019

Transaction ID : SA11A.80549909

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. WHITE, DENNIS, , ,

Mailing Address 2865 LENOX RD NE
APT 607

City
ATLANTA

State
GA

Zip Code
30324-2887

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALLIANT HEALTH SOLUTIONS

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2019

Transaction ID : SA11A.80553029

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. WHITEHEAD, ERIK, , MR.,

Mailing Address 203 TAYLOR AVE APT 1

City
CAPE CANAVERAL

State
FL

Zip Code
32920-5203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AIR FORCE

Occupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2019

Transaction ID : SA11A.80513533

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

260.00

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