

# **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. MCPHERSON, CLARENCE, O., MR.,**

Mailing Address 340 TELFAIR ST

City  
AUGUSTA

State  
GA

Zip Code  
30901-2450

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2019

Transaction ID : SA11A.80604538

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. MEADS, CHERYL, , ,**

Mailing Address 89375 OLD HIGHWAY

City  
TAVERNIER

State  
FL

Zip Code  
33070-2146

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2019

Transaction ID : SA11A.80604499

Amount of Each Receipt this Period

750.00

☐ Memo Item  
CONTRIBUTION

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

**C. MEEKS, SHANNON, , MS.,**

Mailing Address P.O. BOX 913

City  
MOUNTAIN VIEW

State  
WY

Zip Code  
82939-0913

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALLIANCE CASE MANAGEMENT

Occupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

637.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2019

Transaction ID : SA11A.80603647

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)..... ►

885.00