

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

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

FOR LINE NUMBER: PAGE 2632 OF 79583

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REPUBLICAN NATIONAL COMMITTEE**

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

**A. SOTO, CHRISTOPHER, , ,**

Mailing Address 2333 EAST 16TH

City  
NATIONAL CITY

State  
CA

Zip Code  
91950-5117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JACK IN THE BOX

Occupation (for Individual)  
WEB DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2019

Transaction ID : SA11A.83437178

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. SOUTH, ERIC, , ,**

Mailing Address 3301 CO RD 165

City  
EVANSTON

State  
WY

Zip Code  
82930-5375

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
S BAR S TRUCKING INC

Occupation (for Individual)  
TRUCKING

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  
11 / 04 / 2019

Transaction ID : SA11A.83437401

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. SOUZA, DANIEL, , ,**

Mailing Address 728 AVENIDA AZOR

City  
SAN CLEMENTE

State  
CA

Zip Code  
92673-5623

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SCOR

Occupation (for Individual)  
PHYSICAL THERAPIST

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  
11 / 04 / 2019

Transaction ID : SA11A.83515874

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

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

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

235.00