

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

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

FOR LINE NUMBER: PAGE 7772 OF 79583

(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. OLSEN, SHARON, , ,**

Mailing Address 457 KLONDIKE RD

 City  
 BUFFALO

 State  
 WY

 Zip Code  
 82834-2603

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2019

Transaction ID : SA11A.83644027

Amount of Each Receipt this Period

105.00

☐ Memo Item  
 CONTRIBUTION

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

**B. OLSON, MICHAEL, , MR.,**

Mailing Address 1535 AUTUMNCREST CT

 City  
 CRYSTAL LAKE

 State  
 IL

 Zip Code  
 60014-2948

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2019

Transaction ID : SA11A.83681944

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

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

**C. OLSON, RICHARD, , DR.,**

Mailing Address 12365 SCENIC HWY. NE

 City  
 BLACKDUCK

 State  
 MN

 Zip Code  
 56630-4483

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

SANFORD MEDICAL

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

263.50

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2019

Transaction ID : SA11A.83644463

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

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

455.00

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

455.00