

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

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

FOR LINE NUMBER: PAGE 11297 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. SMITH, GARY, H., MR.,**

Mailing Address 20032 SUNCREST DR.

City  
BROOKSVILLE

State  
FL

Zip Code  
34601-1810

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 ▼

269.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2019

Transaction ID : SA11A.83735150

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. SMITH, GEOFFREY, , ,**

Mailing Address 303 BROADWAY ST  
104 140

City  
LAGUNA BEACH

State  
CA

Zip Code  
92651-1816

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 ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2019

Transaction ID : SA11A.83702481

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. SMITH, J., ROBERT, MR.,**

Mailing Address P.O. BOX 877

City  
CUMBERLAND

State  
MD

Zip Code  
21501-0877

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALLEGANY AGGREGATES, INC.

Occupation (for Individual)  
VICE PRESIDENT/GENERAL MANAGE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2019

Transaction ID : SA11A.83734965

Amount of Each Receipt this Period

230.00

☐ Memo Item  
CONTRIBUTION

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

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

290.00