

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

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

FOR LINE NUMBER: PAGE 11557 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. GANGEL, JOHN, , MR.,

Mailing Address 4510 LEEDS CT

City
RAVENNA

State
OH

Zip Code
44266-7756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GHB CUSTOM MACHINING

Occupation (for Individual)
TOOL AND DIE MAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 14 / 2019

Transaction ID : SA11A.83766553

Amount of Each Receipt this Period

125.00

☐ Memo Item
CONTRIBUTION

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

B. GARCIA, GUILLERMO, L., MR.,

Mailing Address 523 39TH STREET

City
UNION CITY

State
NJ

Zip Code
07087-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AP TS CORP

Occupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 14 / 2019

Transaction ID : SA11A.83740110

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. GARMAN, PATRICK, S., MR.,

Mailing Address 221 LINCOLN AVENUE

City
CHARLEROI

State
PA

Zip Code
15022-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SPARTAN HEALTH SURGICENTER

Occupation (for Individual)
HEALTHCARE ADMINISTRATOR

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
11 / 14 / 2019

Transaction ID : SA11A.83767345

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

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

195.00