

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11676 OF 79583

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. LIOR, SHARON, , MS.,**

Mailing Address 346 OCEAN BLVD

City  
NORTH MIAMI BEACHState  
FLZip Code  
33160-2212FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PROMEDIA GROUPOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

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

Transaction ID : SA11A.83741355

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

**B. LISS, ARTHUR, , MR.,**Mailing Address 17146 SE 23RD DR.  
UNIT 66City  
VANCOUVERState  
WAZip Code  
98683-4320FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

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

Transaction ID : SA11A.83741356

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

**C. LIVENGOD, PAUL, I., DR.,**

Mailing Address 258 MORNING LIGHT LANE

City  
KEYSERState  
WVZip Code  
26726-6612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BRADDOCK MEDICAL GROUP P AOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

243.25

Date of Receipt

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

Transaction ID : SA11A.83741358

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

135.00

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