

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

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

FOR LINE NUMBER: PAGE 13174OF 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. MAXWELL, MARY, B., MS.,

Mailing Address 12131 W CIRCLE

City
MONTICELLO

State
IN

Zip Code
47960

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 ▼

737.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2019

Transaction ID : SA11A.83775035

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

B. MAY, HUBERT, L., MR.,

Mailing Address P.O. BOX 11073

City
PRESCOTT

State
AZ

Zip Code
86304-1073

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 ▼

1671.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2019

Transaction ID : SA11A.83790129

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

C. MAYCOCK, JOSEPH, C., DR.,

Mailing Address P.O. BOX 311

City
GILLETTE

State
WY

Zip Code
82717-0311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GILLETTE OPTOMETRY CLINIC

Occupation (for Individual)
OPTOMETRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2019

Transaction ID : SA11A.83777069

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

315.00