

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

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

FOR LINE NUMBER: PAGE 24623 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. WHITE, BEVERLY, A., MRS.,

Mailing Address 9176 SYDNEY LANE

City
BRENTWOOD

State
TN

Zip Code
37027-8149

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 ▼

980.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2019

Transaction ID : SA11A.84022200

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. WHITE, CHARLES, RANDY, MR.,

Mailing Address 3824 CLEARWATER DR.

City
FAYETTEVILLE

State
NC

Zip Code
28311-0330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEW SOUTH RIVER BAPTIST ASSOCIATION

Occupation (for Individual)
DIRECTOR OF MISSIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1023.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2019

Transaction ID : SA11A.83981944

Amount of Each Receipt this Period

70.00

☐ Memo Item
CONTRIBUTION

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

C. WHITE, DENNIS, , ,

Mailing Address 2865 LENOX RD NE
APT 607

City
ATLANTA

State
GA

Zip Code
30324-2887

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALLIANT HEALTH SOLUTIONS

Occupation (for Individual)
CHIEF EXECUTIVE OFFICER

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 / 26 / 2019

Transaction ID : SA11A.84031627

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)..... ►

130.00