

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

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

FOR LINE NUMBER: PAGE 25689 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, BRENDA, K., MRS.,

Mailing Address 40078 CORTE LORCA

City
MURRIETA

State
CA

Zip Code
92562-3524

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 ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2019

Transaction ID : SA11A.84018273

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. WHITE, DENNIS, RAY, MR.,

Mailing Address 22W033 1ST ST

City
GLEN ELLYN

State
IL

Zip Code
60137-3672

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2019

Transaction ID : SA11A.84020467

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

C. WHITE, GAYLA, , ,

Mailing Address 117 SO MAIN ST

City
BERKLEY

State
MA

Zip Code
02779-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTHCOAST HOSPITAL

Occupation (for Individual)
RESPIRATORY THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2019

Transaction ID : SA11A.84056681

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

285.00

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