

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. JOYCE, CHARLES, P., MR.,**

Mailing Address P.O. BOX 483

City  
WELLSVILLE

State  
NY

Zip Code  
14895-0483

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SNC LAVALIN

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 15 / 2017

**Transaction ID : SA11A.71751829**

Amount of Each Receipt this Period

33900.00

☐ Memo Item  
CONTRIBUTION

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

**B. JUDGE, THEREASE, , ,**

Mailing Address 27484 W CHICAGO STREET

City  
LIVONIA

State  
MI

Zip Code  
48150-3228

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MICHIGAN MEDICINE

Occupation (for Individual)  
ADMIN SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 15 / 2017

**Transaction ID : SA11A.71753403**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. JUMONVILLE, J., E., ,**

Mailing Address P.O. BOX 9

City  
VENTRESS

State  
LA

Zip Code  
70783-0009

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 15 / 2017

**Transaction ID : SA11A.71757100**

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

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

34150.00