

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 4000 OF 4454

(check only one)

<input 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 checked="" 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. HENDRICKS, DIANE, M., MS.,

Mailing Address 1 ABC PARKWAY

 City
 BELOIT

 State
 WI

 Zip Code
 53511

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 ABC SUPPLY CO

 Occupation (for Individual)
 OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	D D	Y Y Y Y
05	15	2017

Transaction ID : SA17.71751840

Amount of Each Receipt this Period

☐ Memo Item

LEGAL PROCEEDINGS ACCOUNT CONTRIBUTION

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

B. HENDRICKS, DIANE, M., MS.,

Mailing Address 1 ABC PARKWAY

 City
 BELOIT

 State
 WI

 Zip Code
 53511

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 ABC SUPPLY CO

 Occupation (for Individual)
 OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	D D	Y Y Y Y
05	15	2017

Transaction ID : SA17.71751842

Amount of Each Receipt this Period

☐ Memo Item

CONVENTION ACCOUNT CONTRIBUTION

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

C. 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.

 Name of Employer (for Individual)
 SNC LAVALIN

 Occupation (for Individual)
 ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	D D	Y Y Y Y
05	15	2017

Transaction ID : SA17.71751837

Amount of Each Receipt this Period

☐ Memo Item

HEADQUARTERS ACCOUNT CONTRIBUTION

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

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