

# **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. MAISTER, BARBARA, , MRS.,**

Mailing Address 1121 WEST CYPRESS DRIVE

City  
POMPANO BEACH

State  
FL

Zip Code  
33069-4106

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 Y  
08 / 23 / 2018

**Transaction ID : SA11A.75979604**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. MALARA, FRANCIS, , ,**

Mailing Address 234 MAIN ST

City  
WHITE PLAINS

State  
NY

Zip Code  
10601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FRANCIS MALARA

Occupation (for Individual)  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

**Transaction ID : SA11A.75979678**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. MALONEY, SUSAN, , ,**

Mailing Address 1617 NORTH ALTMAN ROAD

City  
NEW RICHMOND

State  
OH

Zip Code  
45157-9673

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DELTA AIRLINES

Occupation (for Individual)  
RESERVATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

**Transaction ID : SA11A.75979077**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

350.00