

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6184 OF 14767

(check only one)

<input checked="" 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 type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REPUBLICAN NATIONAL COMMITTEE**

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

**A. SHY, STEPHEN, , ,**

Mailing Address 3170 RT 75

City  
HUNTINGTONState  
WVZip Code  
25704-9150FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OVPOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2017

**Transaction ID : SA11A.72862738**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
 CONTRIBUTION

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

**B. SIDLAK, MICHAEL, , ,**

Mailing Address 1254 PEBBLEBROOKE LANE APT 207

City  
CHARLOTTESVILLEState  
VAZip Code  
22902-7176FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF VIRGINIA MEDICAL CENTEROccupation (for Individual)  
MICROBIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2017

**Transaction ID : SA11A.72865813**

Amount of Each Receipt this Period

10.00

☐ Memo Item  
 CONTRIBUTION

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

**C. SIDLAK, MICHAEL, , ,**

Mailing Address 1254 PEBBLEBROOKE LANE APT 207

City  
CHARLOTTESVILLEState  
VAZip Code  
22902-7176FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF VIRGINIA MEDICAL CENTEROccupation (for Individual)  
MICROBIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2017

**Transaction ID : SA11A.72865814**

Amount of Each Receipt this Period

10.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional)..... ►

55.00

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