

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

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

FOR LINE NUMBER: PAGE 7413 OF 14767

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. COWAN, JANICE, L., MS.,**

Mailing Address 4210 AMANDA NORTHERN ROAD

City  
CARROLL

State  
OH

Zip Code  
43112-9690

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 ▼

921.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2017

Transaction ID : SA11A.72914599

Amount of Each Receipt this Period

135.00

☐ Memo Item  
CONTRIBUTION

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

**B. COX, BOBBY, E., ,**

Mailing Address 5822 MEMPHIS ST

City  
NEW ORLEANS

State  
LA

Zip Code  
70124-2837

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 ▼

1801.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2017

Transaction ID : SA11A.72911377

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. COX, LOREN, A., MR., SR.**

Mailing Address 8363 ROBERT STREET

City  
BABBITT

State  
MN

Zip Code  
55706-8107

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 ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2017

Transaction ID : SA11A.72911623

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

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

255.00