

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

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

FOR LINE NUMBER: PAGE 8330 OF 14767

(check only one)

☒ 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. HENDERSON, ELAINE, , ,

Mailing Address 539 DAVIS TRADING ROAD

City

CHESNEE

State

SC

Zip Code

29323

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GREENVILLE HEALTH SYSTEM

Occupation (for Individual)

SONOGRAPHER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : SA11A.72919488

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. HENDERSON, ELAINE, , MRS.,

Mailing Address 8195 WHITE RD

City

BEAUMONT

State

TX

Zip Code

77706-5221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

1ST NATIONAL RESERVE

Occupation (for Individual)

PARTNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : SA11A.72920415

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. HENDERSON, JAMES, R., MR.,

Mailing Address 2950 MT. WILKINSON PKWY, UNIT 1003

City

ATLANTA

State

GA

Zip Code

30339-3681

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CASH TRANSACTIONS LLC

Occupation (for Individual)

EXECUTIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

365.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : SA11A.72918178

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

120.00

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