

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 643 OF 3723

(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. LEONARD, JEFF, , MR.,

Mailing Address 5848 SKYLINE DR.

 City
 CAMBRIDGE

 State
 OH

 Zip Code
 43725-9734

 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 ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2019

Transaction ID : SA11A.78168894

Amount of Each Receipt this Period

300.00

☐ Memo Item
 CONTRIBUTION

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

B. LEVESQUE, NEIL, T., MR.,

Mailing Address 11502 BELVEDERE TERRACE

 City
 BRADENTON

 State
 FL

 Zip Code
 34211-8403

 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 ▼

450.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2019

Transaction ID : SA11A.78162401

Amount of Each Receipt this Period

200.00

☐ Memo Item
 CONTRIBUTION

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

C. LEW, LUEN, , MRS.,

 Mailing Address 165 PARK ROW.
 APT. 10B

 City
 NEW YORK

 State
 NY

 Zip Code
 10038-1106

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS

 Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2019

Transaction ID : SA11A.78165147

Amount of Each Receipt this Period

550.00

☐ Memo Item
 CONTRIBUTION

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

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

1050.00