

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

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

FOR LINE NUMBER: PAGE 50 OF 113

(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)

North Carolina Republican Party

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

A. Palma, Ray, , ,

Mailing Address 601 West Knox Street

City  
DurhamState  
NCZip Code  
27701-1641FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2019

Transaction ID : A273A6BB8C84B4AAE91D

Amount of Each Receipt this Period

355.00

☐ Memo Item

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

B. Park, Beatrice, , ,

Mailing Address 9 Scenic View Drive

City

Hendersonville

State

NC

Zip Code

28792-8227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2019

Transaction ID : A50AFF88D26A545908B0

Amount of Each Receipt this Period

355.00

☐ Memo Item

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

C. Parker, Janice, , ,

Mailing Address 508 Glover St

City

Hendersonville

State

NC

Zip Code

28792-5448

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Ridge HospitalOccupation (for Individual)  
Hospital Biller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : A9D21397E8BCD47CA8A2

Amount of Each Receipt this Period

235.00

☐ Memo Item

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

945.00

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