

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 1095 OF 6174

☒ 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. CRISTOBAL, EDUARDO, C., MR.,**

Mailing Address 280 E. CLONAKILTY COURT

City  
SHELTON

State  
WA

Zip Code  
98584-7501

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 ▼

280.00

Date of Receipt

08 / 08 / 2017

Transaction ID : SA11A.72347064

Amount of Each Receipt this Period

70.00

☐ Memo Item  
CONTRIBUTION

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

**B. CRONIN, MICHAEL, T., ,**

Mailing Address 35A NEW MILL RD # A

City  
SMITHTOWN

State  
NY

Zip Code  
11787-3323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CONADE OF NEW YORK

Occupation (for Individual)  
MAINTENANCE TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

08 / 08 / 2017

Transaction ID : SA11A.72348626

Amount of Each Receipt this Period

115.00

☐ Memo Item  
CONTRIBUTION

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

**C. CROSS, JOHN, , ,**

Mailing Address 28369 DAVIS PARKWAY  
SUITE 407

City  
WARRENVILLE

State  
IL

Zip Code  
60555-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TPS

Occupation (for Individual)  
MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 08 / 2017

Transaction ID : SA11A.72343635

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

285.00