

# **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 156 OF 20203

☒ 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. JESTER, JUDITH, A., MS.,**

Mailing Address 913 BAHIA MAR RD

City  
VERO BEACH

State  
FL

Zip Code  
32963-1248

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2020

**Transaction ID : SA11A.86766124**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. JOHNSON, BRUCE, A., MR.,**

Mailing Address 6451 COUNTY ROAD 4 NE

City  
KANDIYOHI

State  
MN

Zip Code  
56251-9752

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2020

**Transaction ID : SA11A.86778269**

Amount of Each Receipt this Period

750.00

☐ Memo Item  
CONTRIBUTION

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

**C. JOHNSON, GARY, , MR.,**

Mailing Address 9356 E AVENUE T12

City  
LITTLEROCK

State  
CA

Zip Code  
93543-3526

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 ▼

1247.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2020

**Transaction ID : SA11A.86763790**

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

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

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

1251.00