

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

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

FOR LINE NUMBER: PAGE 4024 OF 20203

(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. MERRILL, JERRI, A., ,

Mailing Address P.O. BOX 178

City
BETHEL

State
OH

Zip Code
45106-0178

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 BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 09 / 2020

Transaction ID : **SA11A.87023176**

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

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

B. MERRYDAY, HARRY, , MR.,

Mailing Address 17 COLLINGWOOD LANE

City

PALM COAST

State

FL

Zip Code

32137-8920

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

IMPERIAL FOAM & INSULATION MFG.

Occupation (for Individual)

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

03 / 09 / 2020

Transaction ID : **SA11A.86999887**

Amount of Each Receipt this Period

90.00

☐ Memo Item
 CONTRIBUTION

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

C. METZGER, ALAN, RICHARD, MR.,

Mailing Address 12424 BREAKLINES ST
 APT 105

City

CARMEL

State

IN

Zip Code

46032-7692

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 ▼

201.00

Date of Receipt

03 / 09 / 2020

Transaction ID : **SA11A.87023631**

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)..... ►

690.00