

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

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

FOR LINE NUMBER: PAGE 8712 OF 20203

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

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

A. TESTANI, JOSEPH, , MR.,

Mailing Address 90 BAY STREET LANDING
APT 8I

City
STATEN ISLAND

State
NY

Zip Code
10301-2664

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DOWNSTATE MEDICAL CENTER

Occupation (for Individual)
HEALTH CARE ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2020

Transaction ID : SA11A.87238153

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. TETRO, DEBRA, L., MS.,

Mailing Address 2520 CROOKED ANTLE DR.

City
MELBOURNE

State
FL

Zip Code
32934-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2020

Transaction ID : SA11A.87238904

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. TETRO, DEBRA, L., MS.,

Mailing Address 2520 CROOKED ANTLE DR.

City
MELBOURNE

State
FL

Zip Code
32934-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2020

Transaction ID : SA11A.87239413

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)..... ►

450.00