

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

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

FOR LINE NUMBER: PAGE 10029 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. KAZANE, ELIZABETH, , ,**

Mailing Address 5636 CORPORATE AVENUE

City  
CYPRESS

State  
CA

Zip Code  
90630-4728

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RGS INC

Occupation (for Individual)

ACCOUNTANT

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  
03 / 20 / 2020

Transaction ID : SA11A.87354451

Amount of Each Receipt this Period

105.00

☐ Memo Item  
CONTRIBUTION

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

**B. KERN, JAMES, C., MR., JR.**

Mailing Address 3043 MABE STANLEYTOWN RD

City  
DUFFIELD

State  
VA

Zip Code  
24244-4613

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2020

Transaction ID : SA11A.87325924

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

**C. KILEY, KATHLEEN, A., MS.,**

Mailing Address 957 BECKY DR.

City  
MANSFIELD

State  
OH

Zip Code  
44905-2325

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2020

Transaction ID : SA11A.87324990

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

200.00