

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

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

FOR LINE NUMBER: PAGE 10459 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. MOONEY, TIMOTHY, J., DR.,

Mailing Address 42359 OTT LN

City
HAMMOND

State
LA

Zip Code
70403-3232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTH OAKS OB/GYN

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2020

Transaction ID : SA11A.87352024

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. MOORE, JOAN, T., MS.,

Mailing Address 7035 MISTRAL WAY

City
FORT MYERS

State
FL

Zip Code
33966

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2020

Transaction ID : SA11A.87346261

Amount of Each Receipt this Period

90.00

☐ Memo Item
CONTRIBUTION

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

C. MORAN, ALONZO, HAROLD, MR.,

Mailing Address 7122 N 12TH ST

City
KALAMAZOO

State
MI

Zip Code
49009-9016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN AXLE & MANUFACTURING INC.

Occupation (for Individual)
PIPE FITTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2020

Transaction ID : SA11A.87352863

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

290.00

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