

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10493 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. SAXON, MARILYN, , MRS.,

Mailing Address 17 SHERIDAN CIRCLE

City  
SAVANNAHState  
GAZip Code  
31406-5742FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SAVANNAH CASE MANAGEMENTOccupation (for Individual)  
R.N./CASE MANAGER

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 / 23 / 2020

Transaction ID : SA11A.87347347

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

B. SCHABER, MARTIN, , ,

Mailing Address 5882 COUNTY ROAD E

City  
DELTAState  
OHZip Code  
43515-9609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID : SA11A.87355189

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

C. SCHAPPELL, MELISSA, , MS.,

Mailing Address 334 CRAIGHILL DRIVE

City  
CHARLES TOWNState  
WVZip Code  
25414-5540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EVEREST CARE MANAGEMENTOccupation (for Individual)  
R.N.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

222.00

Date of Receipt

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

Transaction ID : SA11A.87353496

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

330.00

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