

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10976 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. GERVAIS, MICHAEL, P., MR.,

Mailing Address 1442 E. LINCOLN AVE APT 486

City
ORANGE

State
CA

Zip Code
92865-1934

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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 24 / 2020

Transaction ID : SA11A.87375701

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. GERVET, ROBERTO, , ,

Mailing Address 1825 W 44 PL 805

City
HIALEAH

State
FL

Zip Code
33012-7446

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEST AME DIAGNOSTIC

Occupation (for Individual)
MRI TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 24 / 2020

Transaction ID : SA11A.87433818

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. GHIZDAYU, MARIA, E., ,

Mailing Address 21841 RIVER OAKS DR
APT B9

City
ROCKY RIVER

State
OH

Zip Code
44116-3132

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 BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 24 / 2020

Transaction ID : SA11A.87401052

Amount of Each Receipt this Period

70.00

☐ Memo Item
CONTRIBUTION

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

205.00

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