

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

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

FOR LINE NUMBER: PAGE 11246 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. TSOSIE, JERRY, , ,

Mailing Address 2107 W BROADWAY RD 177

City
MESA

State
AZ

Zip Code
85202-1059

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WEST PHARMACEUTICALS

Occupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

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

Transaction ID : SA11A.87433805

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. TSOSIE, JERRY, , ,

Mailing Address 2107 W BROADWAY RD 177

City
MESA

State
AZ

Zip Code
85202-1059

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WEST PHARMACEUTICALS

Occupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

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

Transaction ID : SA11A.87434117

Amount of Each Receipt this Period

37.00

☐ Memo Item
CONTRIBUTION

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

C. TUCKER, HERBERT, W., MR.,

Mailing Address 305 N MAIN ST

City
CONTINENTAL

State
OH

Zip Code
45831-8107

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 ▼

301.00

Date of Receipt

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

Transaction ID : SA11A.87395940

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

172.00

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