

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

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

FOR LINE NUMBER: PAGE 12401 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. MILLER, KAREN, , ,

Mailing Address 1661 IRVIN RD

City  
ELIDA

State  
OH

Zip Code  
45807-8500

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 26 / 2020

Transaction ID : SA11A.87536415

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

B. MILLER, RON, , MR.,

Mailing Address 1708 FORAR CIRCLE

City  
CAMARILLO

State  
CA

Zip Code  
93010-2410

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 26 / 2020

Transaction ID : SA11A.87503184

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

C. MILLS, CHERYL, A., MRS.,

Mailing Address 3535 LENA LANE

City  
GREENVILLE

State  
NC

Zip Code  
27834-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VIDANT MEDICAL CENTER

Occupation (for Individual)  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

441.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 26 / 2020

Transaction ID : SA11A.87488466

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

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

236.00

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