

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

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

FOR LINE NUMBER: PAGE 15339 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. LEVEEN, CHRISTINE, E., MS.,**

Mailing Address 12 E 86TH ST

City  
NEW YORK

State  
NY

Zip Code  
10028-0506

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 ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2020

**Transaction ID : SA11A.87605790**

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

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

**B. LEWANDOWSKI, ANTHONY, C., MR.,**

Mailing Address P.O. BOX 988

City  
ANN ARBOR

State  
MI

Zip Code  
48106-0988

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALLIED, INC.

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2020

**Transaction ID : SA11A.87601930**

Amount of Each Receipt this Period

101.00

☐ Memo Item  
CONTRIBUTION

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

**C. LEWIS, BOBBY, , MR.,**

Mailing Address 5316 SANTA TERESA DR.

City  
EL PASO

State  
TX

Zip Code  
79932-2538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DEPT OF VETERANS AFFAIRS

Occupation (for Individual)  
SOCIAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2020

**Transaction ID : SA11A.87617165**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

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

127.00