

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 OF 27201

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

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

A. BUYCO, NOEMI, , MRS.,

Mailing Address 7779 BRADFORD DR.

City
GOLETAState
CAZip Code
93117-1954FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CASA NAOMIOccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.25

Date of Receipt

M M	D D	Y Y Y Y
07	01	2019

Transaction ID : SA11A.80613535

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

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

B. BUYCO, NOEMI, , MRS.,

Mailing Address 7779 BRADFORD DR.

City
GOLETAState
CAZip Code
93117-1954FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CASA NAOMIOccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.25

Date of Receipt

M M	D D	Y Y Y Y
07	01	2019

Transaction ID : SA11A.80619340

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

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

C. BYNON, ELIZABETH, , ,

Mailing Address 604 SPENCER STREET

City
RIVERTONState
WYZip Code
82501-2734FEC 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 ▼

231.60

Date of Receipt

M M	D D	Y Y Y Y
07	01	2019

Transaction ID : SA11A.80619148

Amount of Each Receipt this Period

210.00

☐ Memo Item
CONTRIBUTION

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

270.00

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