

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

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

FOR LINE NUMBER: PAGE 661 OF 27201

(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. PAPAGEORGE, THEMIS, A., MR.,**

Mailing Address 54 COUNTRY DRIVE

City  
WESTON

State  
MA

Zip Code  
02493-1165

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NORTHEASTERN

Occupation (for Individual)  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2019

Transaction ID : SA11A.80614302

Amount of Each Receipt this Period

245.00

☐ Memo Item  
CONTRIBUTION

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

**B. PAPERTH, CHARLES, S., MR.,**

Mailing Address 6001 HIGHWAY A1A

City  
VERO BEACH

State  
FL

Zip Code  
32963-1014

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 ▼

398.75

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2019

Transaction ID : SA11A.80619602

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. PAPUDESU, MOHAN, , DR.,**

Mailing Address 108 COUNTRY CLUB DRIVE  
APT F

City  
AMERICUS

State  
GA

Zip Code  
31709-4524

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARE CONNECT HEALTH

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2019

Transaction ID : SA11A.80671915

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

370.00