

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

FOR LINE NUMBER: PAGE 859 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
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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. SYMMONDS, WAYNE, C., MR.,**

Mailing Address 1441 ROAD 280

City  
ADMIREState  
KSZip Code  
66830-9118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FRONTIER FINANCIAL PARTNERSOccupation (for Individual)  
FINANCING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

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

**Transaction ID : SA11A.80615616**

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

**B. SZABO, MARIANNA, , ,**

Mailing Address 9700 N. WILLOW AVE

City  
TAMPAState  
FLZip Code  
33612-7762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MID-FLORIDA PATHOLOGYOccupation (for Individual)  
PATHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

927.74

Date of Receipt

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

**Transaction ID : SA11A.80670978**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. SZOPA, ANDREW, , ,**

Mailing Address 4645 MOUNT BRIGHTON DRIVE

City  
BRIGHTONState  
MIZip Code  
48116-9409FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VENTRA FOWLerville LLCOccupation (for Individual)  
CONTROLS NETWORK SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

**Transaction ID : SA11A.80671523**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional)..... ►

160.00

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