

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

FOR LINE NUMBER: PAGE 1246 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. CONLEY, CAROLE, ANNE, MRS.,

Mailing Address 11369 WILSON MILLS RD

City
CHARDONState
OHZip Code
44024-9408FEC 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 ▼

210.00

Date of Receipt

M M	D D	Y Y Y Y
07	02	2019

Transaction ID : SA11A.80636853

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. CONNELLY, CAREN, , ,

Mailing Address 34 QUINCY WAY

City
ATTLEBOROState
MAZip Code
02703-1000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MULTIPLAN INCOccupation (for Individual)
SALES ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M	D D	Y Y Y Y
07	02	2019

Transaction ID : SA11A.80649432

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. CONNELLY, CAREN, , ,

Mailing Address 34 QUINCY WAY

City
ATTLEBOROState
MAZip Code
02703-1000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MULTIPLAN INCOccupation (for Individual)
SALES ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M	D D	Y Y Y Y
07	02	2019

Transaction ID : SA11A.80649433

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

200.00