

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1472 OF 27201

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. GAYLORD, VIRGINIA, LYNN, MRS.,

Mailing Address 430 N. VINEDO AVENUE

City
PASADENA

State
CA

Zip Code
91107-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOMEMAKER

Occupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2019

Transaction ID : SA11A.80630299

Amount of Each Receipt this Period

55.00

☐ Memo Item
CONTRIBUTION

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

B. GEAR, JOAN, M., MS.,

Mailing Address 103 N. SCHOONER POINT DR. APT 103

City
PORT CLINTON

State
OH

Zip Code
43452-9111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2019

Transaction ID : SA11A.80623988

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

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

C. GEARY, SEAN, , MR.,

Mailing Address 4 LEA DRIVE

City
CHADDS FORD

State
PA

Zip Code
19317-8983

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GWR MEDICAL INC

Occupation (for Individual)
MEDICAL DEVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

487.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2019

Transaction ID : SA11A.80646108

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

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

110.00