

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

FOR LINE NUMBER: PAGE 3128 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. BAUER, BARBARA, , MS.,

Mailing Address 277 VENICE E BLVD

City
VENICEState
FLZip Code
34293-4126FEC 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 ▼

945.00

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07 | 08 | 2019 |

Transaction ID : SA11A.80770892

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. BAUER, LEONA, R., MRS.,

Mailing Address 8439 W. CARO RD

City
REESEState
MIZip Code
48757-9234FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTSOccupation (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 |
| 07 | 08 | 2019 |

Transaction ID : SA11A.80778770

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

C. BAUGHER, THOMAS, , MR.,

Mailing Address 487 MASSILLON RD

City
AKRONState
OHZip Code
44306-3262FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AKRON METROPOLITAN HOUSING AUTHORITYOccupation (for Individual)
HOUSING INSPECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

406.25

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07 | 08 | 2019 |

Transaction ID : SA11A.80767269

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

145.00

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