

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 3657 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. KOVACICH, RONALD, , ,

Mailing Address 6919 VINTAGE LN

 City
 PORT ORANGE

 State
 FL

 Zip Code
 32128-4095

 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 ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2019

Transaction ID : SA11A.80783680

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

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

B. KOVACIC, VICTOR, E., MR.,

Mailing Address 33076 LAKE SHORE BLVD

 City
 EASTLAKE

 State
 OH

 Zip Code
 44095-3258

 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 ▼

826.25

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2019

Transaction ID : SA11A.80741919

Amount of Each Receipt this Period

45.00

☐ Memo Item
 CONTRIBUTION

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

C. KOVYARENKO, TATYANA, , ,

Mailing Address 3104 EBBTIDE LANE

 City
 PALMYRA

 State
 NJ

 Zip Code
 08065-2132

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 EASTERN DENTAL

 Occupation (for Individual)
 DENTAL HYGIENIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.25

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2019

Transaction ID : SA11A.80783462

Amount of Each Receipt this Period

45.00

☐ Memo Item
 CONTRIBUTION

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

140.00

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