

# **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)

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☒ 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. TAYLOR, THOMAS, D., MR.,**

Mailing Address 1155 LAWSON MILL RD

City  
MCMINNVILLE

State  
TN

Zip Code  
37110-5072

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 ▼

241.00

Date of Receipt

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

Transaction ID : SA11A.80778825

Amount of Each Receipt this Period

26.00

☐ Memo Item  
CONTRIBUTION

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

**B. TAYNOR, BARBARA, JUNE, MS.,**

Mailing Address 7763 DEGOOD RD

City  
OSTRANDER

State  
OH

Zip Code  
43061-9764

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 ▼

290.00

Date of Receipt

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

Transaction ID : SA11A.80768376

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. TCHAIKOVSKII, VASSILI, , DR.,**

Mailing Address 14117 78TH ROAD. APT. 2P

City  
FLUSHING

State  
NY

Zip Code  
11367-3348

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MSSM

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

657.50

Date of Receipt

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

Transaction ID : SA11A.80785361

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

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

141.00