

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

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

FOR LINE NUMBER: PAGE 4647 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. GOLD, JAMES, A., MR.,**

Mailing Address P.O. BOX 401

City  
GARWOOD

State  
TX

Zip Code  
77442-0401

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 ▼

412.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2019

Transaction ID : SA11A.80837311

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. GOLDCAMP, DONNA, , MRS.,**

Mailing Address 45 KAI NANI PL

City  
KAILUA

State  
HI

Zip Code  
96734-1901

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2019

Transaction ID : SA11A.80835189

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. GOLDMAN, PATRICIA, J., MRS.,**

Mailing Address 21962 TORO VIEWS DRIVE

City  
SALINAS

State  
CA

Zip Code  
93908-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
WAREHOUSE OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1097.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2019

Transaction ID : SA11A.80804310

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

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

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

285.00