

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

FOR LINE NUMBER: PAGE 4836 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. LARSON, MERLE, A., MR.,**

Mailing Address P.O. BOX 2787

City  
FORT BRAGGState  
CAZip Code  
95437-2787FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CITY OF FORT BRAGGOccupation (for Individual)  
ELECTRICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.90

Date of Receipt

M M	D D	Y Y Y Y
07	09	2019

Transaction ID : SA11A.80835547

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. LARSON, PETER, S., MR.,**

Mailing Address 28 FAXON STREET APT 3

City  
STOUGHTONState  
MAZip Code  
02072-2453FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TOWN OF MANSFIELDOccupation (for Individual)  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.75

Date of Receipt

M M	D D	Y Y Y Y
07	09	2019

Transaction ID : SA11A.80806418

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

**C. LASHAWAY, EMMA, L., MRS.,**

Mailing Address 24161 SAND RIDGE ROAD

City  
WESTONState  
OHZip Code  
43569-9622FEC 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 ▼

324.50

Date of Receipt

M M	D D	Y Y Y Y
07	09	2019

Transaction ID : SA11A.80807648

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

105.00

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