

# **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)

PAGE 6351 OF 27201

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. SPIELBERGER, CHARLOTTE, , MS.,**

Mailing Address 75451 LA CRESTA DR.

City

PALM DESERT

State

CA

Zip Code

92211-3103

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 ▼

311.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2019

**Transaction ID : SA11A.80865279**

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

**B. SPINA, PETER, A., MR.,**

Mailing Address 41 IVY PLACE

City

WAYNE

State

NJ

Zip Code

07470-6140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

LINCOLN OF WAYNE

Occupation (for Individual)

PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2019

**Transaction ID : SA11A.80855990**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. SPIROV, VERA, , MRS.,**

Mailing Address 9647 WOOLLEY STREET

City

TEMPLE CITY

State

CA

Zip Code

91780-1444

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

206.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2019

**Transaction ID : SA11A.80863905**

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

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

190.00