

# **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. MCADORY, ALICE, , ,**

Mailing Address 903 SMITHFIELD BLVD

City  
SMITHFIELD

State  
VA

Zip Code  
23430-5913

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 ▼

286.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2019

**Transaction ID : SA11A.80897047**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. MCARDLE, JOHN, J., ,**

Mailing Address 2405 OCTAVIA ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94109-2297

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
LANDLORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2019

**Transaction ID : SA11A.80890381**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. MCCABE, MARA, , ,**

Mailing Address 1721 SE 46TH LN  
11

City  
CAPE CORAL

State  
FL

Zip Code  
33904-8735

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ME

Occupation (for Individual)  
HISTORICAL RESEARCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2019

**Transaction ID : SA11A.80897285**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

110.00