

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

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

FOR LINE NUMBER: PAGE 9183 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. MOORE, CHARLES, H., MR., JR.**

Mailing Address 910 PARKWAY

City  
GATLINBURG

State  
TN

Zip Code  
37738-3104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOLLYWOOD OF THE STARS MUSEUM

Occupation (for Individual)  
MUSEUM OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2019

**Transaction ID : SA11A.81027300**

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

**B. MOORE, CLYDE, , ,**

Mailing Address 7545 CIRCLE DRIVE

City  
NORTH RICHLAND HILLS

State  
TX

Zip Code  
76180-6355

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 ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2019

**Transaction ID : SA11A.81050057**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. MOORE, COLLEEN, MARIE, MS.,**

Mailing Address 141 EDGEWATER DRIVE

City  
EDGEWATER

State  
MD

Zip Code  
21037-1321

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 BES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2019

**Transaction ID : SA11A.81031610**

Amount of Each Receipt this Period

135.00

☐ Memo Item  
CONTRIBUTION

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

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

370.00