

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

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

FOR LINE NUMBER: PAGE 9381 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. VARJAVAND, LEENA, , MS.,**

Mailing Address 1501 CHALUPA PLACE

City  
DAVIS

State  
CA

Zip Code  
95618-6757

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.75

Date of Receipt

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

Transaction ID : SA11A.81028493

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. VARLEY, JAMES, EDWARD, DR.,**

Mailing Address 2990 N. UMBERLAND DRIVE

City

TALLAHASSEE

State

FL

Zip Code

32309-6809

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 ▼

1230.00

Date of Receipt

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

Transaction ID : SA11A.81031493

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

**C. VARN, DAVID, C., MR., SR.**

Mailing Address 309 CAYSENS SQUARE LN

City

FRANKLIN

State

TN

Zip Code

37064-1413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MCGRUFF INSURANCE

Occupation (for Individual)  
EXECUTIVE ACCOUNTANT

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.81004001

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

320.00