

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

FOR LINE NUMBER: PAGE 9732 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
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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. MCCARROLL, THOMAS, P., MR.,**

Mailing Address 228 SHADES CREST RD

City  
BIRMINGHAMState  
ALZip Code  
35226-1006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
07	23	2019

Transaction ID : SA11A.81056187

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. MCCLELLAND, FAY, , MRS.,**Mailing Address P.O. BOX 3293  
12852 N HWY 59City  
GILLETTEState  
WYZip Code  
82717-3293FEC 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 ▼

347.50

Date of Receipt

M M	D D	Y Y Y Y
07	23	2019

Transaction ID : SA11A.81033726

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**C. MCCLEES, KRISTINA, GEDGAUDAS, DR.,**

Mailing Address 33 IVY CHASE NE

City  
ATLANTAState  
GAZip Code  
30342-4500FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NORTH METRO RADIOLOGY

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3813.75

Date of Receipt

M M	D D	Y Y Y Y
07	23	2019

Transaction ID : SA11A.81065443

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

615.00

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