

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

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

FOR LINE NUMBER: PAGE 9740 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. MEEKER, DAN, H., MR.,**

Mailing Address 4770 BRYANT IRVIN COURT  
STE 400

City  
FORT WORTH

State  
TX

Zip Code  
76107-7676

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 23 / 2019

**Transaction ID : SA11A.81065448**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. MEESE, DONALD, C., MR.,**

Mailing Address 1835 GRAND OAK RIDGE

City  
NEW RICHMOND

State  
OH

Zip Code  
45157-8685

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 BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 23 / 2019

**Transaction ID : SA11A.81053394**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. MENDENHALL-PLUID, LISA, M., MS.,**

Mailing Address 1511 MOON SHADOW ROAD

City  
BONNERS FERRY

State  
ID

Zip Code  
83805-5421

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CLIFTY VIEW NURSERY

Occupation (for Individual)  
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

211.25

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 23 / 2019

**Transaction ID : SA11A.81039017**

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)..... ►

245.00