

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

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

FOR LINE NUMBER: PAGE 10955 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. KALCIC, BRENDA, , ,

Mailing Address 1349 LOS ARBOLES AVENUE

City
SUNNYVALE

State
CA

Zip Code
94087-4409

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2019

Transaction ID : SA11A.81135611

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. KANDOLL, ROBERT, E., MR.,

Mailing Address 3158 GARFIELD STREET

City
LONGVIEW

State
WA

Zip Code
98632-2754

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 ▼

977.50

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2019

Transaction ID : SA11A.81114463

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. KANG, RAYMOND, , DR.,

Mailing Address 1095 S BERETANIA ST

City
HONOLULU

State
HI

Zip Code
96814-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OMNICARE CLINIC

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1042.50

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2019

Transaction ID : SA11A.81119241

Amount of Each Receipt this Period

750.00

☐ Memo Item
CONTRIBUTION

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

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

835.00