

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

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

FOR LINE NUMBER: PAGE 12491 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. LANIER, HAZEL, JARRIEL, MS.,

Mailing Address 3459 LAKEVIEW ROAD

City
STATESBORO

State
GA

Zip Code
30461-7308

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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2019

Transaction ID : SA11A.81195023

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. LANSAT, MAUREEN, , ,

Mailing Address 153 VIERA DR.

City
PALM BEACH GARDENS

State
FL

Zip Code
33418-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2019

Transaction ID : SA11A.81142835

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. LANTZ, LANON, , ,

Mailing Address 5208 WICHITA AVENUE

City
CLEVELAND

State
OH

Zip Code
44144-3643

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PARMA MEDICAL CENTER

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2019

Transaction ID : SA11A.81142836

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

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

320.00