

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

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

FOR LINE NUMBER: PAGE 13250 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. MEDNICK, HOLLY, MEDNICK, MS.,

Mailing Address 335 46TH AVE

City
SAINT PETERSBURG

State
FL

Zip Code
33706-2571

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PRO INSURANCE

Occupation (for Individual)
INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.05

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2019

Transaction ID : SA11A.81180197

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. MEISSNER, CODY, , DR.,

Mailing Address 6 GAMBRILL LN

City
WESTON

State
MA

Zip Code
02493-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2019

Transaction ID : SA11A.81224715

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

C. MELICK, MABLE, ANN, MS.,

Mailing Address 3813 MARTINSBURG RD.

City
GAMBIER

State
OH

Zip Code
43022-9737

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2019

Transaction ID : SA11A.81213321

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

500.00