

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

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

FOR LINE NUMBER: PAGE 13369 OF 27201

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

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

A. SPENCER, TERRI, , ,

Mailing Address 2832 EDINBURGH PARK DR.

City
TUPELO

State
MS

Zip Code
38804-7011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NORTH MISSISSIPPI WOMENS HOSPITAL

Occupation (for Individual)

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

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

Transaction ID : SA11A.81180239

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. SPENGLER, DAN, MICHAEL, DR.,

Mailing Address 5400 STANFORD DRIVE

City

NASHVILLE

State

TN

Zip Code

37215-4236

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 ▼

2150.00

Date of Receipt

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

Transaction ID : SA11A.81180240

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. SPENGLER, DAN, MICHAEL, DR.,

Mailing Address 5400 STANFORD DRIVE

City

NASHVILLE

State

TN

Zip Code

37215-4236

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 ▼

2150.00

Date of Receipt

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

Transaction ID : SA11A.81180241

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)..... ►

300.00