

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13453 OF 27201

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 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. STUBBS, CARL, V., MR.,**

Mailing Address 126 PETERSEN ROAD

City  
ALTOState  
NMZip Code  
88312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2019        |

**Transaction ID : SA11A.81139715**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED THROUGH WINRED

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

**B. SWAREY, DAVID, , ,**

Mailing Address 2240 SW ROBIN RD

City  
ARCADIAState  
FLZip Code  
34266-6770FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.04

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2019        |

**Transaction ID : SA11A.81139764**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED THROUGH WINRED

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

**C. TESTANI, JOSEPH, , MR.,**Mailing Address 90 BAY STREET LANDING  
APT 8ICity  
STATEN ISLANDState  
NYZip Code  
10301-2664FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DOWNSTATE MED CENTEROccupation (for Individual)  
HOSPITAL ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2019        |

**Transaction ID : SA11A.81139885**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED THROUGH WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00