

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

FOR LINE NUMBER: PAGE 129 OF 61111

(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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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. CAPUTO, MICHAEL, F., MR.,

Mailing Address 24956 LETCHWORTH RD

City
BEACHWOODState
OHZip Code
44122-4151FEC 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 ▼

1100.00

Date of Receipt

| | | |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 04 | 01 | 2020 |

Transaction ID : SA11A.87640062

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. CARBONE, JOSEPH, , DR.,

Mailing Address 42 SPRING POND DRIVE

City
OSSININGState
NYZip Code
10562-2033FEC 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 ▼

672.75

Date of Receipt

| | | |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 04 | 01 | 2020 |

Transaction ID : SA11A.87646867

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

C. CARDAMONE, ALICE, , MS.,

Mailing Address 140 DUBLIN DR

City
LUTHERVILLE TIMONIUMState
MDZip Code
21093-5406FEC 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 ▼

750.00

Date of Receipt

| | | |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 04 | 01 | 2020 |

Transaction ID : SA11A.87644142

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ►

365.00

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