

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

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

FOR LINE NUMBER: PAGE 5299 OF 61111

(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. BARFIELD, LARRY, , ,

Mailing Address 12395 HAZEL RIVER RD

City
RIXEYVILLE

State
VA

Zip Code
22737-2211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PARSONS

Occupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2020

Transaction ID : SA11A.87853792

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. BARNES, ROBERT, A., MR.,

Mailing Address 2275 WINESAP CT

City
BROADVIEW HTS

State
OH

Zip Code
44147-3623

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2020

Transaction ID : SA11A.87794196

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. BAROUTAKHARZO, MARIAM, E., DR.,

Mailing Address 24817 N 45TH DR.

City
GLENDALE

State
AZ

Zip Code
85310-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VA MEDICAL CENTER

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2020

Transaction ID : SA11A.87853063

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

235.00

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