

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

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

FOR LINE NUMBER: PAGE 9188 OF 61111

(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. BRISTOR, WILLIAM, , MR., JR.

Mailing Address 3621 BLUE HILL CT

City
ELLICOTT CITY

State
MD

Zip Code
21042-3901

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 ▼

290.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2020

Transaction ID : SA11A.87941092

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. BRITANAK, ROBERT, S., MR.,

Mailing Address 1920 W SHANELLE PATH

City
LECANTO

State
FL

Zip Code
34461-7418

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 ▼

263.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2020

Transaction ID : SA11A.87968235

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. BROOKS, ALPHONZO, D., DR., SR.

Mailing Address 1825 BUDDS FERRY PLACE

City
INDIAN HEAD

State
MD

Zip Code
20640-3631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WOTCC

Occupation (for Individual)
PASTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2020

Transaction ID : SA11A.87941758

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)..... ►

200.00