

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

FOR LINE NUMBER: PAGE 10011 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
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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. BUCHANAN, FREDRICK, HENRY, ,

Mailing Address P.O. BOX 357

City

CAMPBELLSVILLE

State

KY

Zip Code

42719-0357

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

H&D TRANSPORT INC

Occupation (for Individual)

TRANSPORTATION

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2020

Transaction ID : SA11A.88014951

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

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

B. BUCHANAN, NANCY, M., MS.,

Mailing Address 1953 BISHOP RD

City

LUTHERSVILLE

State

GA

Zip Code

30251-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

837.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2020

Transaction ID : SA11A.88000256

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

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

C. BUCHANAN, ROGER, L., MR.,

Mailing Address 415 BUCHANAN ST.

City

RICHLANDS

State

VA

Zip Code

24641

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 BEST EFFORTS

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2020

Transaction ID : SA11A.87969113

Amount of Each Receipt this Period

100.00

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

850.00

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