

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13528 OF 61111

☒ 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. ANDERSON, SABRINA, D., MS.,**

Mailing Address 627 MCKEAN DR.

City  
SMYRNA

State  
TN

Zip Code  
37167

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IRS

Occupation (for Individual)  
REVENUE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2020

**Transaction ID : SA11A.88117215**

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

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

**B. ANDREWS, JEANNINE, G., MS.,**

Mailing Address 31 FRONTIER WAY

City  
BLAIRSVILLE

State  
GA

Zip Code  
30512-4807

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 ▼

396.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2020

**Transaction ID : SA11A.88136613**

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

**C. ANDREWS, ROBERT, L., MR.,**

Mailing Address 145 TIFFANY RIDGE DR.

City  
HOLLAND

State  
MI

Zip Code  
49424-6279

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 ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2020

**Transaction ID : SA11A.88177888**

Amount of Each Receipt this Period

101.00

☐ Memo Item  
CONTRIBUTION

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

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

176.00