

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

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

FOR LINE NUMBER: PAGE 16290 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. JARVIS, SUSAN, J., MRS.,**

Mailing Address 11496 COUNTY ROAD 190

City  
KENTON

State  
OH

Zip Code  
43326-9511

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2020

Transaction ID : SA11A.88296700

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. JASKIEWICZ, CHARLES, A., MR.,**

Mailing Address 61 ROSWELL TRL

City

RICHMOND HILL

State

GA

Zip Code

31324-9346

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PIZER

Occupation (for Individual)  
PHARMACEUTICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2020

Transaction ID : SA11A.88292867

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. JAYROE, NITA, , MRS.,**

Mailing Address 122 CHERRY HLS

City

ROCKPORT

State

TX

Zip Code

78382-6838

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JENNINGS, HAWLEY & CO.

Occupation (for Individual)  
C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2020

Transaction ID : SA11A.88296829

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)..... ►

300.00