

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

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

FOR LINE NUMBER: PAGE 16415 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. MONICA, LYNNE, S., MS.,

Mailing Address 63 IRON BRIDGE RD

City
PIPERSVILLE

State
PA

Zip Code
18947

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 ▼

262.25

Date of Receipt

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

Transaction ID : SA11A.88281635

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. MONTGOMERY, DAVID, GARY, MR.,

Mailing Address 413 COLUMBINE AVE

City
BROOMFIELD

State
CO

Zip Code
80020-6020

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 ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.88263707

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. MOODY, EVAN, E., MR.,

Mailing Address 26 CHERRY HILLS FARM DRIVE

City
ENGLEWOOD

State
CO

Zip Code
80113-7165

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOODY INSURANCE AGENCY, INC.

Occupation (for Individual)
INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : SA11A.88306148

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)..... ►

635.00