

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

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

FOR LINE NUMBER: PAGE 17289 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. FORD, STEVEN, , ,

Mailing Address 1730 RIVERLAVE TRAIL

City
ANNAPOLIS

State
MD

Zip Code
21401-6610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AIR FORCE

Occupation (for Individual)
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID : SA11A.88213666

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

B. WINRED

Mailing Address P.O. BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13989150.71

Date of Receipt

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

Transaction ID : SA11C.88210002217964

Amount of Each Receipt this Period

42.00

☒ Memo Item
CONTRIBUTION

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED

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

C. BROCK, STEVEN, , , DDS

Mailing Address 1715 DOWNTOWN WEST BOULEVARD

City
KNOXVILLE

State
TN

Zip Code
37919-5413

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DENTAL IMAGES

Occupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

386.75

Date of Receipt

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

Transaction ID : SA11A.88213675

Amount of Each Receipt this Period

42.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

77.00