

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

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

FOR LINE NUMBER: PAGE 21229 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. WALTON, JOHN, D., MR.,**

Mailing Address 3325 STILLCORN RIDGE RD

City  
COLUMBIA

State  
TN

Zip Code  
38401-5957

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 ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2020

Transaction ID : SA11A.88512882

Amount of Each Receipt this Period

255.00

☐ Memo Item  
CONTRIBUTION

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

**B. WARD, JOHN, R., MR.,**

Mailing Address 2795 AQUA COURT

City  
PUNTA GORDA

State  
FL

Zip Code  
33950-5022

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 ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2020

Transaction ID : SA11A.88512902

Amount of Each Receipt this Period

40.00

☐ Memo Item  
CONTRIBUTION

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

**C. WARD, JON, D., MR.,**

Mailing Address 4 LADERA SECA CT

City  
LAS CRUCES

State  
NM

Zip Code  
88011-8421

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 ▼

394.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2020

Transaction ID : SA11A.88514707

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

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

305.00

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