

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

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

FOR LINE NUMBER: PAGE 21970 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. **BINDER, DENIS, , ,**

Mailing Address 13391 ELIZABETH WAY

City
TUSTINState
CAZip Code
92780-4522FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2020

Transaction ID : SA11A.88557503

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. **BISCHEL, SARA, LYNNE, MS.,**

Mailing Address 3800 ATLANTIC AVE.

City

VIRGINIA BEACH

State

VA

Zip Code

23451-2760

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 ▼

901.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2020

Transaction ID : SA11A.88601990

Amount of Each Receipt this Period

201.00

☐ Memo Item
CONTRIBUTION

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

C. **BLACKWELL, KEN, , MR.,**

Mailing Address 693 WINDINGS LANE

City

CINCINNATI

State

OH

Zip Code

45220-1086

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2020

Transaction ID : SA11A.88537050

Amount of Each Receipt this Period

400.00

☐ Memo Item
CONTRIBUTION

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

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

851.00