

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24648 OF 61111

☒ 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. ANDERSON, KRISTINE, P., ,**

Mailing Address 8109 DEVILS CANYON ST

City  
NORTH LAS VEGAS

State  
NV

Zip Code  
89085-4425

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 ▼

323.95

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 29 / 2020

**Transaction ID : SA11A.88683299**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. ANDERSON, LINCOLN, M., MR.,**

Mailing Address 2046 VALLEY MEADOW DR.

City  
OAK VIEW

State  
CA

Zip Code  
93022-9512

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 29 / 2020

**Transaction ID : SA11A.88699162**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. ANDERSON, MATT, , ,**

Mailing Address 413 GROVE STREET SOUTH

City  
MORA

State  
MN

Zip Code  
55051-1441

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MORA SCHOOLS

Occupation (for Individual)  
CUSTODIAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 29 / 2020

**Transaction ID : SA11A.88683548**

Amount of Each Receipt this Period

42.00

☐ Memo Item  
CONTRIBUTION

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

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

92.00