

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

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

FOR LINE NUMBER: PAGE 6039 OF 20912

(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. MAKI, LANCE, , ,

Mailing Address 346 3RD AVE

City  
INDIALANTIC

State  
FL

Zip Code  
32903-4210

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
MEDICAL DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2017

Transaction ID : SA11A.73163386

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. MALAN, DIANA, , ,

Mailing Address 181 PAM CT.

City  
MOSCOW MILLS

State  
MO

Zip Code  
63362-1321

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 ▼

221.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2017

Transaction ID : SA11A.73163387

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

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

C. MALARA, FRANCIS, , ,

Mailing Address 235 MAIN ST.

City  
WHITE PLAINS

State  
NY

Zip Code  
10601-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PENACHIO MALARA, LLP

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2017

Transaction ID : SA11A.73163388

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

351.00

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