

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1584 OF 2578

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**REPUBLICAN NATIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. LENKALA R. MALLAIAH**

Mailing Address 311 N. MANGOUSTINE AVENUE

City	State	Zip Code
SANFORD	FL	32771

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MIDFLORIDA GASTROENTEROLOGY GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2016

**Transaction ID : 2016M5L11AI04862**

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MS. DEBORAH MARAGLIANO**

Mailing Address 764 BULLVILLE ROAD

City	State	Zip Code
MONTGOMERY	NY	12549

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2016

**Transaction ID : 2016M5L11AI04784**

Amount of Each Receipt this Period

220.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR. ROBERT MARS**

Mailing Address 4114 LONDON ROAD

City	State	Zip Code
DULUTH	MN	55804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

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
04	/	25	/	2016

**Transaction ID : 2016M5L11AI04810**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1220.00