

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

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

FOR LINE NUMBER: PAGE 702 OF 8575

(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. MCCLURE, JOANNE, , MS.,

Mailing Address 3700 S WESTPORT
925

City
SIOUX FALLS

State
SD

Zip Code
57106-6360

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2019

Transaction ID : SA11A.79703956

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. MCCORMICK, CHARLES, O., DR., III

Mailing Address 333 MASSACHUSETTS AVE
UNIT 901

City
INDIANAPOLIS

State
IN

Zip Code
46204-2070

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INDIANA EYE CLINIC PC

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2019

Transaction ID : SA11A.79602217

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. MCDANIEL, STEVEN, , ,

Mailing Address 321 W HICKORY ST
APT A

City
DENTON

State
TX

Zip Code
76201-9096

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FASTENAL

Occupation (for Individual)
OTR TRUCK DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

386.05

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2019

Transaction ID : SA11A.79703980

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

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

185.00