

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

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

FOR LINE NUMBER: PAGE 3587 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. MONROE, MARCENA, G., MRS.,**

Mailing Address 7220 S.W. LAKE BLUFF COURT

City  
WILSONVILLE

State  
OR

Zip Code  
97070-9410

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 ▼

300.00

Date of Receipt

05 / 15 / 2019

Transaction ID : SA11A.79811840

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

**B. MONTALBANO, MICHELA, , MRS.,**

Mailing Address 345 OGDEN PARMA TOWN LINE RD

City  
SPENCERPORT

State  
NY

Zip Code  
14559-1663

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 ▼

1240.00

Date of Receipt

05 / 15 / 2019

Transaction ID : SA11A.79815394

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. MOODY, EVAN, E., MR.,**

Mailing Address 26 CHERRY HILLS FARM DRIVE

City  
ENGLEWOOD

State  
CO

Zip Code  
80113-7165

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MOODY INSURANCE AGENCY, INC.

Occupation (for Individual)  
INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2019

Transaction ID : SA11A.79816636

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

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

500.00