

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

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

FOR LINE NUMBER: PAGE 4727 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. CHAPEL, HAROLD, L., MR.,

Mailing Address 4667 WEST 21ST STREET CIRCLE

City
GREELEY

State
CO

Zip Code
80634-3265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BANNER HEALTH

Occupation (for Individual)
HEALTH CARE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2019

Transaction ID : SA11A.79882126

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. CHARLETON, WILLIAM, , ,

Mailing Address 245 NORTH RD

City
HARWINTON

State
CT

Zip Code
06791-1402

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2019

Transaction ID : SA11A.79878952

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. CHRISTIANSEN, MARY, JO, MS.,

Mailing Address 5 GLEN LAKE DR.

City
MEDFORD

State
NJ

Zip Code
08055-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MARY JO CHRISTIANSEN

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2019

Transaction ID : SA11A.79919437

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

350.00