

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

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

FOR LINE NUMBER: PAGE 4741 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. COX, DARRELL, A., MR.,**

Mailing Address 110 PRESIDENT MADISON DR.

City  
MADISONVILLE

State  
LA

Zip Code  
70447-9485

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MULTITECH OFFICE MACHINES

Occupation (for Individual)  
EXECUTIVE MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID : SA11A.79919945

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. CRAIG, TIM, , ,**

Mailing Address 5974 BOUNDARY DRIVE

City  
NOBLESVILLE

State  
IN

Zip Code  
46062-4646

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JAMES ALLEN INSURANCE

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.79919745

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. CRAM, DON, , ,**

Mailing Address P.O. BOX 1133

City  
YORBA LINDA

State  
CA

Zip Code  
92885-1133

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 ▼

392.50

Date of Receipt

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

Transaction ID : SA11A.79918711

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)..... ►

385.00