

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

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

FOR LINE NUMBER: PAGE 5165 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. SMITH, WALTER, H., MR., JR.**

Mailing Address 41862 BAINTREE CIRCLE

City  
NORTHVILLE

State  
MI

Zip Code  
48168-2363

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STATE FARM

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2019

**Transaction ID : SA11A.79891984**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. SOARES, FRANK, , MR.,**

Mailing Address 2213 JEROME DR.

City  
KILLEEN

State  
TX

Zip Code  
76543-2985

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2019

**Transaction ID : SA11A.79891568**

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

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

**C. SOLOMON, SCOTT, , ,**

Mailing Address 19 STEEPLEJACK COURT

City  
OWINGS MILLS

State  
MD

Zip Code  
21117-5205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WELLNESS ENTERPRISES LLC.

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

487.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2019

**Transaction ID : SA11A.79917773**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

155.00