

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

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

FOR LINE NUMBER: PAGE 7796 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. ROWAN, ALICE, , ,**

Mailing Address 3607 VALLEY VIEW DRIVE

City  
SANTA ROSA

State  
CA

Zip Code  
95404-5713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JIM MURPHY ASSOCIATES

Occupation (for Individual)  
CLERICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : SA11A.80050675

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. ROWE, JANE, T., MRS.,**

Mailing Address 219 W GRAMERCY PL

City  
SAN ANTONIO

State  
TX

Zip Code  
78212-2356

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : SA11A.80050677

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. ROWE, TONY, , ,**

Mailing Address 4828 MESA TRAIL PL

City  
CARLSBAD

State  
CA

Zip Code  
92010-5535

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MARCOPOLO INC

Occupation (for Individual)  
COMMERCIAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : SA11A.80050676

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)..... ►

200.00