

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

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

FOR LINE NUMBER: PAGE 638 OF 9224

(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. MIKULIAK, SUE, ELLEN, ,

Mailing Address 5 GOLDENEYE LANE

City
SAVANNAH

State
GA

Zip Code
31411-3069

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOME INSTEAD SENIOR CARE

Occupation (for Individual)
HOME HEALTH CARE AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.65

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2019

Transaction ID : SA11A.78699370

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. MILDE, LESLIE, , DR.,

Mailing Address 39204 BOULDER VIEW DRIVE

City
SCOTTSDALE

State
AZ

Zip Code
85262-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MAYO CLINIC

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2019

Transaction ID : SA11A.78676477

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

C. MILES, BRADLEY, , MR.,

Mailing Address 6127 N CAMPBELL RD

City
OTIS ORCHARDS

State
WA

Zip Code
99027-9277

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
HEALTH INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2019

Transaction ID : SA11A.78668814

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

1235.00

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