

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

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

FOR LINE NUMBER: PAGE 3137 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. OMALLEY, JIM, , MR.,**

Mailing Address 890 ELM GROVE RD STE 207-A

City  
ELM GROVE

State  
WI

Zip Code  
53122-2551

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 ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 19 / 2019

Transaction ID : SA11A.78911936

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. OMLEY, TIMOTHY, H., MR.,**

Mailing Address 2810 E SAND RD

City  
PORT CLINTON

State  
OH

Zip Code  
43452-2745

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 19 / 2019

Transaction ID : SA11A.78960962

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. ONEILL, WILLIAM, W., DR.,**

Mailing Address 66 LAKE SHORE ROAD

City  
GROSSE POINTE FARMS

State  
MI

Zip Code  
48236-3764

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HENRY FORD HOSPITAL

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 19 / 2019

Transaction ID : SA11A.78911714

Amount of Each Receipt this Period

750.00

☐ Memo Item  
CONTRIBUTION

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

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

2000.00