

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 3474 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. NISSLEY, EMILY, B., MS.,

Mailing Address 30 OENOKE LANE

City  
NEW CANAAN

State  
CT

Zip Code  
06840-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2019

Transaction ID : SA11A.78949856

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

B. NORCROSS, STEPHEN, G., MR.,

Mailing Address 2531 E EDGAR AVE

City  
FRESNO

State  
CA

Zip Code  
93706-5410

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2019

Transaction ID : SA11A.78939017

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

C. NORDHUES, JAMES, L., MR.,

Mailing Address 485 ELIAS HAYES ROAD

City  
HOSCHTON

State  
GA

Zip Code  
30548-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
REINICHE CORPORATION

Occupation (for Individual)  
SHOP MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2019

Transaction ID : SA11A.78949201

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

2600.00

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