

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 3498 OF 9224

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 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. SHAFFER, GARY, W., MR.,**

Mailing Address 608 COLLEGE ST APT 13

City  
WOODLANDState  
CAZip Code  
95695-3969FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 21    | / | 2019        |

Transaction ID : SA11A.78939028

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

**B. SHAFFER, JOHN, , ,**

Mailing Address N7480 BELL SCHOOL RD

City  
BURLINGTONState  
WIZip Code  
53105-2549FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 21    | / | 2019        |

Transaction ID : SA11A.78950035

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. SHEARER, LINDA, RAE, MS.,**

Mailing Address 304 STADIUM ROAD

City  
CONNELLSVILLEState  
PAZip Code  
15425-1964FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CONNELLSVILLE AREA SCHOOL DISTRICTOccupation (for Individual)  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 21    | / | 2019        |

Transaction ID : SA11A.78955840

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

345.00

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