

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7117 OF 10613

☒ 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. SMELTZ, DONALD, , ,**

Mailing Address 646 SALEM RD

City  
HARRISBURG

State  
PA

Zip Code  
17111-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CE3S

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2017

**Transaction ID : SA11A.73451262**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. SMITH, AMY, , MR.,**

Mailing Address 745 RILEY PLACE

City  
ATLANTA

State  
GA

Zip Code  
30327-4354

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GENZYME

Occupation (for Individual)  
CSA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

933.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2017

**Transaction ID : SA11A.73452609**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. SMITH, BONITA, F., MS.,**

Mailing Address 335 PALM ISLES CT

City  
PUNTA GORDA

State  
FL

Zip Code  
33950-5883

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BRIDGE PERSONNEL SERVICES CORP

Occupation (for Individual)  
PRES SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2017

**Transaction ID : SA11A.73323384**

Amount of Each Receipt this Period

55.00

☐ Memo Item  
CONTRIBUTION

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

125.00

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