

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)

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☒ 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. SULLIVAN, BOB, J., ,

Mailing Address 7 GUILFORD CT

UNIT A

City
RIDGE

State
NY

Zip Code
11961-8002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

IRS

Occupation (for Individual)

COLLECTION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID : SA11A.73450970

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

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

B. SUMMERS, PAUL, , ,

Mailing Address 15341 E TUMBLING Z RANCH PL

City
VAIL

State
AZ

Zip Code
85641-8974

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 ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.73457657

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. SUMNER, NANCY, J., COL.,

Mailing Address 1014 CUMBERLAND RD

City
GLENDALE

State
CA

Zip Code
91202-1024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GLENDALE MEMORIAL HOSPITAL

Occupation (for Individual)

NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

327.75

Date of Receipt

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

Transaction ID : SA11A.73458123

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

205.00