

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

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

FOR LINE NUMBER: PAGE 8790 OF 10613

(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. DEVINE, SHEILA, J., MS.,

Mailing Address 3 LYNCREST DRIVE

City
NORWALK

State
CT

Zip Code
06851-6002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GREENWICH HOSPITAL

Occupation (for Individual)
CYTOLOGIST

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 / 27 / 2017

Transaction ID : SA11A.73363825

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. DICK, ALLEN, , ,

Mailing Address 3033 YORK ROAD

City
PLEASANT VIEW

State
TN

Zip Code
37146-9073

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 ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2017

Transaction ID : SA11A.73463536

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. DICKENDESHER, MICHAEL, D., MR.,

Mailing Address 84 NORTHWOOD LANE

City
SANDUSKY

State
MI

Zip Code
48471-1178

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2017

Transaction ID : SA11A.73342201

Amount of Each Receipt this Period

125.00

☐ Memo Item
CONTRIBUTION

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

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

325.00