

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

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

FOR LINE NUMBER: PAGE 9041 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. MAKI, LANCE, , ,**

Mailing Address 346 3RD AVE

City  
INDIALANTIC

State  
FL

Zip Code  
32903-4210

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
MEDICAL DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

**Transaction ID : SA11A.73460991**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. MALARA, FRANCIS, , ,**

Mailing Address 235 MAIN ST

City  
WHITE PLAINS

State  
NY

Zip Code  
10601-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FRANCIS MALARA

Occupation (for Individual)  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

**Transaction ID : SA11A.73462820**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. MALARA, FRANCIS, , ,**

Mailing Address 235 MAIN ST

City  
WHITE PLAINS

State  
NY

Zip Code  
10601-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FRANCIS MALARA

Occupation (for Individual)  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

**Transaction ID : SA11A.73462838**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

400.00

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