

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 280 OF 3102

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

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

A. MCINERNEY, THOMAS, E., MR.,

Mailing Address 2 MANITOU COURT

City
WESTPORTState
CTZip Code
06880FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BLUFF POINT ASSOCIATESOccupation (for Individual)
CHIEF EXECUTIVE OFFICE AND CO-

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33900.00

Date of Receipt

M M	D D	Y Y Y Y
02	02	2018

Transaction ID : SA11A.73723979

Amount of Each Receipt this Period

33900.00

☐ Memo Item
CONTRIBUTION

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

B. MCINTYRE, ANTHONY, PATRICK, MR.,

Mailing Address 1432 SOMERSET WAY S.W.

City
LILBURNState
GAZip Code
30047-2032FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER/OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M	D D	Y Y Y Y
02	02	2018

Transaction ID : SA11A.73736299

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. MCLAIN, DOLORES, M., MRS.,

Mailing Address 6404 MAUNA KEA DRIVE

City
AUSTINState
TXZip Code
78746-7146FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	D D	Y Y Y Y
02	02	2018

Transaction ID : SA11A.73736178

Amount of Each Receipt this Period

110.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ►

34110.00

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