

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

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

FOR LINE NUMBER: PAGE 2345 OF 3102

(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. MAES, BEV, , ,**

Mailing Address 3896 S ELATI ST

City  
ENGLEWOOD

State  
CO

Zip Code  
80110-3568

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
R E BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2018

**Transaction ID : SA11A.74097501**

Amount of Each Receipt this Period

10.00

☐ 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)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2018

**Transaction ID : SA11A.74092347**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. MANGI, ROBERT, , ,**

Mailing Address 152 MINEOLA BLVD

City  
MINEOLA

State  
NY

Zip Code  
11501-3984

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NORTHEAST COVERAGES INC

Occupation (for Individual)  
INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2018

**Transaction ID : SA11A.74095173**

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)..... ►

360.00