

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

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

FOR LINE NUMBER: PAGE 434 OF 27511

(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. GILL, JASBIR, S., DR.,

Mailing Address P.O. BOX 1450

City
LODI

State
CA

Zip Code
95241-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2019

Transaction ID : SA11A.81727822

Amount of Each Receipt this Period

280.00

☐ Memo Item
CONTRIBUTION

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

B. GILLOGLY, BRONSON, R., MR.,

Mailing Address 1258 GREENWOOD AVENUE
APT. 16

City

ZANESVILLE

State

OH

Zip Code

43701-4054

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 ▼

3551.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2019

Transaction ID : SA11A.81735721

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. GILMORE, MIKE, J., MR.,

Mailing Address 116 BURKHARDT AVENUE

City

DAYTON

State

OH

Zip Code

45403-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2019

Transaction ID : SA11A.81721266

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

430.00