

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. MARTIN, HELEN, M., MS.,**

Mailing Address 124 CALEB CT

City  
ANDERSON

State  
SC

Zip Code  
29625-1951

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 ▼

382.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2019

**Transaction ID : SA11A.81782180**

Amount of Each Receipt this Period

52.00

☐ Memo Item  
CONTRIBUTION

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

**B. MARTIN, TOMMY, , MR.,**

Mailing Address 2921 COUNTY ROAD 59

City  
MOUNDVILLE

State  
AL

Zip Code  
35474-3231

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2019

**Transaction ID : SA11A.81759631**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. MASON, GLENDA, F., MRS.,**

Mailing Address 639 OAK HILL AVE APT 3

City  
HAGERSTOWN

State  
MD

Zip Code  
21740-3846

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
QUAD GRAPHICS

Occupation (for Individual)  
TECHNICIAN

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  
09 / 05 / 2019

**Transaction ID : SA11A.81735492**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

652.00