

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

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

FOR LINE NUMBER: PAGE 3266 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. EATHORNE, WILLIAM, FRANK, ,

Mailing Address 2664 HWY 59

City
DOUGLAS

State
WY

Zip Code
82633-9724

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2019

Transaction ID : SA11A.81758659

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. EDWARDS, JAMES, , ,

Mailing Address 15236 N 19TH WAY

City
PHOENIX

State
AZ

Zip Code
85022-3918

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2019

Transaction ID : SA11A.81781462

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

C. ELMO, PATRICIA, W., MRS.,

Mailing Address 2741 LYNX LN

City
FORT WORTH

State
TX

Zip Code
76244-4780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NATIONAL INSURED PLANS

Occupation (for Individual)
INSURANCE SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

514.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2019

Transaction ID : SA11A.81758213

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

235.00

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