

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 3555 OF 27511

(check only one)

<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
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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. CARLSON, MELINDA, S., MS.,**

Mailing Address 626 E. SCHREYER PL

City  
COLUMBUSState  
OHZip Code  
43214-2227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FRANKLIN COUNTYOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M	D D	Y Y Y Y
09	09	2019

**Transaction ID : SA11A.81891798**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. CARNEVALE, GARY, A., MR.,**

Mailing Address 19488 CHARLESTON CIR

City  
NORTH FORT MYERSState  
FLZip Code  
33917-6160FEC 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
09	09	2019

**Transaction ID : SA11A.81883363**

Amount of Each Receipt this Period

55.00

☐ Memo Item  
CONTRIBUTION

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

**C. CAROOM, JERRY, , ,**

Mailing Address 8812 FREY RD

City  
HOUSTONState  
TXZip Code  
77034-3502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
XTRALIGHTOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	D D	Y Y Y Y
09	09	2019

**Transaction ID : SA11A.81825278**

Amount of Each Receipt this Period

50.00

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

155.00

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