

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. SHACKELFORD, JUDITH, A., MRS.,

Mailing Address 45137 W ALAMENDRAS ST

City
MARICOPAState
AZZip Code
85139-8775FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GILA RIVER HEALTH CAREOccupation (for Individual)
FINANCE DEPT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M	D D	Y Y Y Y
09	09	2019

Transaction ID : SA11A.81818869

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

B. SHACKLETON, RICHARD, J., MR.,

Mailing Address 5614 WEST AVENUE

City
LONG BEACH TOWNSHIPState
NJZip Code
08008-1059FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SHACKLETON & HAZELTINEOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M	D D	Y Y Y Y
09	09	2019

Transaction ID : SA11A.81879934

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. SHAFER, WILLARD, GEORGE, MR.,Mailing Address 5000 S.W. 25TH BLVD
UNIT 1103City
GAINESVILLEState
FLZip Code
32608-8902FEC 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 ▼

700.00

Date of Receipt

M M	D D	Y Y Y Y
09	09	2019

Transaction ID : SA11A.81836377

Amount of Each Receipt this Period

335.00

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

585.00

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