

# **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)

PAGE 4883 OF 27511

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REPUBLICAN NATIONAL COMMITTEE**

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

**A. BRISTOR, WILLIAM, , MR., JR.**

Mailing Address 3621 BLUE HILL CT

City  
ELLICOTT CITY

State  
MD

Zip Code  
21042-3901

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 ▼

275.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2019

**Transaction ID : SA11A.81906559**

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

**B. BRIZARD, WILLIAM, , ,**

Mailing Address 33 MERLE ST

City  
WARWICK

State  
RI

Zip Code  
02889-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RYDER

Occupation (for Individual)  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2019

**Transaction ID : SA11A.81826815**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. BRIZGYS, ALDONA, , MS.,**

Mailing Address 1078 AMBER DR

City  
LEMONT

State  
IL

Zip Code  
60439-8571

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 ▼

223.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2019

**Transaction ID : SA11A.81909835**

Amount of Each Receipt this Period

65.00

☐ Memo Item  
CONTRIBUTION

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

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

120.00