

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

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

FOR LINE NUMBER: PAGE 4887 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. BROWN, JACKSON, W., MR.,**

Mailing Address 2601 MARSH LANE  
UNIT 341

City  
PLANO

State  
TX

Zip Code  
75093

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 ▼

443.75

Date of Receipt

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

Transaction ID : SA11A.81908517

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. BROWN, JEFFRY, M., MR.,**

Mailing Address 4311 TIEDEMAN RD

City

BROOKLYN

State

OH

Zip Code

44144-2324

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 ▼

1915.75

Date of Receipt

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

Transaction ID : SA11A.81901533

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

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

**C. BROWN, JUANITA, , DR.,**

Mailing Address 625 BARREN CREEK ROAD

City

NEW TAZEWEEL

State

TN

Zip Code

37825-4511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LMUDCOM

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

677.75

Date of Receipt

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

Transaction ID : SA11A.81826618

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

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

155.00