

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8562 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. MASON, OPAL, M., MS.,

Mailing Address 10 FRONT ST APT A

City

SHIREMANSTOWN

State

PA

Zip Code

17011-6363

FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11A.82074378

Amount of Each Receipt this Period

☐ Memo Item
 CONTRIBUTION

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

B. MATERNA, ANN, M., MS.,

Mailing Address 26 BARNFIELD DR.

City

PLYMOUTH

State

MA

Zip Code

02360-1750

FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

SOUTH SHORE HOSPITAL

Occupation (for Individual)

R.N.

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11A.82064167

Amount of Each Receipt this Period

☐ Memo Item
 CONTRIBUTION

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

C. MATHERNE, RICHARD, F., MR.,

Mailing Address 205 E. BUFFALO ST.

City

RAWLINS

State

WY

Zip Code

82301-5707

FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11A.82061730

Amount of Each Receipt this Period

☐ Memo Item
 CONTRIBUTION

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

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