

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

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

FOR LINE NUMBER: PAGE 13165 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. JETER, JENNY, , ,

Mailing Address 6800 DEL NORTE LN
209

City
DALLAS

State
TX

Zip Code
75225-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MERRILL LYNCH

Occupation (for Individual)
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

724.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2019

Transaction ID : SA11A.82248054

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. JOHNSON, BARBARA, , MRS.,

Mailing Address 6 HIGHGATE W.

City
AUGUSTA

State
GA

Zip Code
30909-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY HOSPITAL

Occupation (for Individual)
NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2019

Transaction ID : SA11A.82326988

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. JOHNSON, CAROLYN, HAYDEN, MS.,

Mailing Address 1050 HIGHWAY 44 W LOT 28

City
SHEPHERDSVILLE

State
KY

Zip Code
40165-6056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WAL-MART

Occupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1051.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2019

Transaction ID : SA11A.82323793

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

310.00

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