

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

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

FOR LINE NUMBER: PAGE 14017 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. SMITH, DONALD, W., MR.,**

Mailing Address 1237 OLD CHAPPELLE FERRY RD

City  
SALUDA

State  
SC

Zip Code  
29138-8034

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2019

Transaction ID : SA11A.82329335

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

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

**B. SMITH, EDGAR, ASHLEY, ,**

Mailing Address 14 GREENWAY PLAZA 18M

City  
HOUSTON

State  
TX

Zip Code  
77046-1426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HCC

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2019

Transaction ID : SA11A.82336127

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

**C. SMITH, FLOYD, AMES, , JR.**

Mailing Address 4317 55TH AVE NE

City  
SEATTLE

State  
WA

Zip Code  
98105-4949

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE POLYCLINIC

Occupation (for Individual)  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2019

Transaction ID : SA11A.82336126

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

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

120.00