

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

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

FOR LINE NUMBER: PAGE 14393 OF 27511

(check only one)

☒ 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. ALIWARGA, SIDARTA, , ,

Mailing Address 907 SHADY CREEK

City  
KENNEDALE

State  
TX

Zip Code  
76060-5495

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ROI HEALTHCARE SERVICES

Occupation (for Individual)  
SYSTEM CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2019

Transaction ID : SA11A.82337860

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

B. ALLEN, BILLY, , ,

Mailing Address 6703 NW 7TH STREET

City  
MIAMI

State  
FL

Zip Code  
33126-6070

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 ▼

327.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2019

Transaction ID : SA11A.82337590

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

C. ALLEN, BRENDA, J., MS.,

Mailing Address 14425 WOOD RD

City  
ALPHARETTA

State  
GA

Zip Code  
30004-3034

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2019

Transaction ID : SA11A.82414104

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)..... ►

125.00