

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

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

FOR LINE NUMBER: PAGE 14889 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. MCGLOIN, PAUL, , ,

Mailing Address 1076 OLD ALBANY POST ROAD

City
GARRISON

State
NY

Zip Code
10524-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HPM PARTNERS

Occupation (for Individual)
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.25

Date of Receipt

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

Transaction ID : SA11A.82339592

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. MCGOEY, JANETTE, , MS.,

Mailing Address 6508 SHOAL CREEK

City
FORT WORTH

State
TX

Zip Code
76132-4419

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 ▼

420.00

Date of Receipt

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

Transaction ID : SA11A.82337715

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. MCGRATH, KEVIN, , ,

Mailing Address 1751 NE PINE ISLAND RD STE 155
PMB 233

City
CAPE CORAL

State
FL

Zip Code
33909-1796

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 ▼

300.00

Date of Receipt

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

Transaction ID : SA11A.82339593

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

235.00

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