

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

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

FOR LINE NUMBER: PAGE 14967 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. PASTOREK, NORMAN, , DR.,

Mailing Address 1095 PARK AVENUE

City
NEW YORK

State
NY

Zip Code
10128-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

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

Transaction ID : SA11A.82365666

Amount of Each Receipt this Period

201.00

☐ Memo Item
CONTRIBUTION

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

B. PATE, BARBARA, , MRS.,

Mailing Address 5056 THREE CHOPT RD

City
LOUISA

State
VA

Zip Code
23093-2122

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 ▼

362.50

Date of Receipt

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

Transaction ID : SA11A.82411549

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. PATEL, JOHN, S., MR.,

Mailing Address 67 EARDLEY ROAD

City
EDISON

State
NJ

Zip Code
08817-3054

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SAME DAY SURGERY CENTER OF CENTRAL NJ

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1142.75

Date of Receipt

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

Transaction ID : SA11A.82338855

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

271.00

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