

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

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

FOR LINE NUMBER: PAGE 15386 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. BROWN, JEFFRY, M., MR.,**

Mailing Address 4311 TIEDEMAN RD

City  
BROOKLYN

State  
OH

Zip Code  
44144-2324

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 ▼

1915.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2019

Transaction ID : SA11A.82443513

Amount of Each Receipt this Period

142.00

☐ Memo Item  
CONTRIBUTION

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

**B. BROWN, JERRY, L., MR.,**

Mailing Address 297 W BRIDGE ST

City  
HOTCHKISS

State  
CO

Zip Code  
81419-3705

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 ▼

241.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2019

Transaction ID : SA11A.82452438

Amount of Each Receipt this Period

21.00

☐ Memo Item  
CONTRIBUTION

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

**C. BROWN, JUANITA, , DR.,**

Mailing Address 625 BARREN CREEK ROAD

City  
NEW TAZEWEEL

State  
TN

Zip Code  
37825-4511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LMUDCOM

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

677.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2019

Transaction ID : SA11A.82363782

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

198.00