

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

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

FOR LINE NUMBER: PAGE 16100OF 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. SWINNEY, JOHNNY, RAY, MR.,

Mailing Address 3604 SAVAGE SPRINGS DR

City
AUSTIN

State
TX

Zip Code
78754-5906

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 BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

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

Transaction ID : SA11A.82449781

Amount of Each Receipt this Period

211.00

☐ Memo Item
CONTRIBUTION

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

B. SZABO, MARIANNA, , ,

Mailing Address 9700 N WILLOW AVE

City
TAMPA

State
FL

Zip Code
33612-7762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MID FLORIDA PATHOLOGY

Occupation (for Individual)
PATHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1294.99

Date of Receipt

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

Transaction ID : SA11A.82364297

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. SZABO, MARIANNA, , ,

Mailing Address 9700 N WILLOW AVE

City
TAMPA

State
FL

Zip Code
33612-7762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MID FLORIDA PATHOLOGY

Occupation (for Individual)
PATHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1294.99

Date of Receipt

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

Transaction ID : SA11A.82364298

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)..... ►

281.00