

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

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

FOR LINE NUMBER: PAGE 9 OF 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Minnesota - Federal

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

A. Austin, William, F, ,

Mailing Address 5563 Rustic Manor Dr

City
BrownsvilleState
TXZip Code
78526-4209FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CEOOccupation (for Individual)
STARKEY HEARING TECHNOLOGIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2018

Transaction ID : A30D5386ECC2C441789C

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B. Bernick, Pamela, , ,

Mailing Address 515 5th Ave N

City
Saint CloudState
MNZip Code
56303-3500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Consultant (Self)Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2018

Transaction ID : AB546C834805746B18AB

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Bernick, Pamela, , ,

Mailing Address 515 5th Ave N

City
Saint CloudState
MNZip Code
56303-3500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Consultant (Self)Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2018

Transaction ID : A12E1DF6FE84E4A2ABBB

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

6000.00

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