

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 1930 OF 2526

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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 (Last, First, Middle Initial)

A. MS. BETTY J. BRAZLEY

Mailing Address P. O. BOX 8243

 City
 PHOENIX

 State
 AZ

 Zip Code
 85066-8243

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1705.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2015

Transaction ID : 2015M05L11AI05486

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MS. BETTY J. BRAZLEY

Mailing Address P. O. BOX 8243

 City
 PHOENIX

 State
 AZ

 Zip Code
 85066-8243

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1705.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015

Transaction ID : 2015M05L11AI05487

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MR. MICHAEL G. TYE

Mailing Address P. O. BOX 844

 City
 LA HABRA

 State
 CA

 Zip Code
 90633-0844

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

ADVANCED BENEFIT CENTER

Occupation

SALES - SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015

Transaction ID : 2015M05L11AI05488

Amount of Each Receipt this Period

300.00

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

700.00

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

700.00