

# **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)

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☒ 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. SMITH, STEPHEN, , MR.,**

Mailing Address 4440 LILY MEADOWS LANE

City  
SALT LAKE CITY

State  
UT

Zip Code  
84124-2783

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2018

**Transaction ID : SA11A.77055867**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. SMITH, STEVEN, , MR.,**

Mailing Address 504 PARROT RD

City  
AUBURNDAL

State  
FL

Zip Code  
33823-4507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BERNIES BODY SHOP

Occupation (for Individual)  
BODY TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2018

**Transaction ID : SA11A.77101011**

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**C. SMITH, THOMAS, , MR.,**

Mailing Address 18287CLAYTON HALL ROAD

City  
BLUEMONT

State  
VA

Zip Code  
20135-1754

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 ▼

372.25

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2018

**Transaction ID : SA11A.77053536**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

105.00