

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29813 OF 77320

(check only one)

<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
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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. SHEWMAKER, GRACE, L., MRS.,**

Mailing Address 7300 DUNHILL TERRACE

City  
ATLANTAState  
GAZip Code  
30328-1225FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
S.S.U.M.P.Occupation (for Individual)  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2018

Transaction ID : SA11A.77357730

Amount of Each Receipt this Period

270.00

☐ Memo Item  
 CONTRIBUTION

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

**B. SHRUM, DAVID, E., DR.,**

Mailing Address P.O. BOX 448

City  
BLANCOState  
NMZip Code  
87412-0448FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2018

Transaction ID : SA11A.77341472

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

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

**C. SHY, STEPHEN, , DR.,**

Mailing Address 3170 RT 75

City  
HUNTINGTONState  
WVZip Code  
25704-9150FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OHIO VALLEY PHYSICIANSOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

472.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2018

Transaction ID : SA11A.77355367

Amount of Each Receipt this Period

35.00

☐ Memo Item  
 CONTRIBUTION

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

405.00

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