

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

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

FOR LINE NUMBER: PAGE 1369 OF 15116

(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. COVEY, JOHN, TREADWELL, MR.,

Mailing Address 9275 E. SANDIDGE RD

City
OLIVE BRANCH

State
MS

Zip Code
38654-3538

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2019

Transaction ID : SA11A.81259928

Amount of Each Receipt this Period

125.00

☐ Memo Item
CONTRIBUTION

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

B. COX, JOAN, C., MRS.,

Mailing Address 6101 GRAND COURT ROAD APT. 158

City
SAN ANGELO

State
TX

Zip Code
76901-9614

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 ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2019

Transaction ID : SA11A.81259916

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. COX, TOM, , MR.,

Mailing Address 21837 JUNEBUG RD

City
GRASS VALLEY

State
CA

Zip Code
95949-8998

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEW YORK LIFE INSURANCE

Occupation (for Individual)
NEW YORK LIFE INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2019

Transaction ID : SA11A.81228722

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

325.00