

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

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

FOR LINE NUMBER: PAGE 1530 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. JAMES-THOMPSON, GAIL, , MRS.,

Mailing Address P.O. BOX 2813

City
WESTERVILLE

State
OH

Zip Code
43086-2813

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.75

Date of Receipt

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

Transaction ID : SA11A.81256561

Amount of Each Receipt this Period

70.00

☐ Memo Item
CONTRIBUTION

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

B. JASIEWICZ, PAUL, DANIEL, MR.,

Mailing Address P.O. BOX 11451

City
LYNCHBURG

State
VA

Zip Code
24506-1451

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 ▼

248.50

Date of Receipt

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

Transaction ID : SA11A.81263390

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

C. JASINSKY, OLGA, , MS.,

Mailing Address 6119 N. KEELER AVENUE

City
CHICAGO

State
IL

Zip Code
60646-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

COUR PHARMACEUTICALS

Occupation (for Individual)

RESEARCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

293.75

Date of Receipt

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

Transaction ID : SA11A.81252981

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

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

140.00