

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

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

FOR LINE NUMBER: PAGE 5089 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. DECKARD, RICK, , DR.,**

Mailing Address 115 MAIN ST  
P.O. BOX 235

City  
FRANKFORT

State  
OH

Zip Code  
45628-9662

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 ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2019

Transaction ID : SA11A.81395366

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. DECKERT, RONALD, , MR.,**

Mailing Address P.O. BOX 492

City  
MARION

State  
KY

Zip Code  
42064-0492

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 ▼

443.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2019

Transaction ID : SA11A.81409051

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. DEFAZIO, MADLYN, , MRS.,**

Mailing Address 5 CHESTNUT STREET

City  
GARDEN CITY

State  
NY

Zip Code  
11530-6205

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 ▼

221.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2019

Transaction ID : SA11A.81417946

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

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

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

105.00