

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

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

FOR LINE NUMBER: PAGE 5285 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. JOHNS, ARCHIE, , MR.,**

Mailing Address 3225 ANNISTON ROAD

City  
JACKSONVILLE

State  
FL

Zip Code  
32246-4605

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
A.J. JOHNS, INC.

Occupation (for Individual)  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

**Transaction ID : SA11A.81406344**

Amount of Each Receipt this Period

750.00

☐ Memo Item  
CONTRIBUTION

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

**B. JOHNSON, BARBARA, , MRS.,**

Mailing Address 6 HIGHGATE W.

City  
AUGUSTA

State  
GA

Zip Code  
30909-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY HOSPITAL

Occupation (for Individual)  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

**Transaction ID : SA11A.81415634**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. JOHNSON, BETH, ANN, MRS.,**

Mailing Address 10580 SCHWARTZWALDER RD.

City  
SHREVE

State  
OH

Zip Code  
44676-9533

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 ▼

215.00

Date of Receipt

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

**Transaction ID : SA11A.81412905**

Amount of Each Receipt this Period

40.00

☐ Memo Item  
CONTRIBUTION

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

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

815.00