

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

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

FOR LINE NUMBER: PAGE 6908 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. MARZA, CYNTHIA, C., ,

Mailing Address 2512 HOLLY CT

City
GALVESTON

State
TX

Zip Code
77551-1828

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 ▼

342.50

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2019

Transaction ID : SA11A.81491754

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. MASDEN, CATHERINE, W., MRS.,

Mailing Address 1028 CHEROKEE RD1
APT. 1

City
LOUISVILLE

State
KY

Zip Code
40204-1226

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 ▼

1330.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2019

Transaction ID : SA11A.81422044

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. MASON, DAN, , MR.,

Mailing Address 3292 NE KASTER DR.

City
HILLSBORO

State
OR

Zip Code
97124-6807

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

HOLLAND PARTNER GROUP

Occupation (for Individual)

PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.50

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2019

Transaction ID : SA11A.81488435

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)..... ►

175.00