

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

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

FOR LINE NUMBER: PAGE 7750 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. RIVERO, CARMEN, L., ,**

Mailing Address 13562 SW 48 TERR

City  
MIAMI

State  
FL

Zip Code  
33175-3809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCA KENDALL REGIONAL MEDICAL CENTER

Occupation (for Individual)

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2019

**Transaction ID : SA11A.81433383**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. ROBB, ROY, , MR.,**

Mailing Address 211 REEDY RIVER COURT

City

ROEBUCK

State

SC

Zip Code

29376-3371

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 ▼

246.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2019

**Transaction ID : SA11A.81433258**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. ROBBINS, BARBARA, E., MRS.,**

Mailing Address 8905 OCCIDENTAL RD. UNIT 104A

City

YAKIMA

State

WA

Zip Code

98903

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 ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2019

**Transaction ID : SA11A.81490460**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

95.00