

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

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

FOR LINE NUMBER: PAGE 8732 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. O'BRIEN, JOHN, HENRY, MR.,**

Mailing Address 1721 CHRISEMMETT CT  
APT G

City  
FOREST HILL

State  
MD

Zip Code  
21050-3216

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 ▼

238.75

Date of Receipt

08 / 20 / 2019

Transaction ID : SA11A.81516643

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

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

**B. O'BRIEN, JUDITH, , MS.,**

Mailing Address 929 LINWOOD AVENUE

City  
DELTA

State  
OH

Zip Code  
43515-1502

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 ▼

319.50

Date of Receipt

08 / 20 / 2019

Transaction ID : SA11A.81518274

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

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

**C. O'BRIEN, RAYMOND, J., ,**

Mailing Address 36 MOHAWK DR

City  
RICHBORO

State  
PA

Zip Code  
18954-1222

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 ▼

372.50

Date of Receipt

08 / 20 / 2019

Transaction ID : SA11A.81538567

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

310.00