

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

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

FOR LINE NUMBER: PAGE 8742 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. OLSSON, CARL, , DR.,**

Mailing Address 190 HAMILTON AVE

 City  
 NEW ROCHELLE

 State  
 NY

 Zip Code  
 10801-2806

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 INTEGRATED MEDICAL PROFESSIONALS

 Occupation (for Individual)  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2125.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2019

Transaction ID : SA11A.81515708

Amount of Each Receipt this Period

550.00

☐ Memo Item  
 CONTRIBUTION

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

**B. OMAN, PHIL, L., MR.,**

Mailing Address 445 S 500 W

 City  
 RICHFIELD

 State  
 UT

 Zip Code  
 84701-2738

 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 ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2019

Transaction ID : SA11A.81514680

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

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

**C. OMLEY, TIMOTHY, H., MR.,**

Mailing Address 2810 E SAND RD

 City  
 PORT CLINTON

 State  
 OH

 Zip Code  
 43452-2745

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 SELF-EMPLOYED

 Occupation (for Individual)  
 SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2019

Transaction ID : SA11A.81462804

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

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

900.00

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

0.00