

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

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

FOR LINE NUMBER: PAGE 10174 OF 15116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REPUBLICAN NATIONAL COMMITTEE**

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

**A. MCGREGOR, DORA, LEE, MRS.,**

Mailing Address 10836 STATE ROUTE 44

City  
MANTUA

State  
OH

Zip Code  
44255-8903

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 ▼

282.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2019

Transaction ID : SA11A.81574681

Amount of Each Receipt this Period

40.14

☐ Memo Item  
CONTRIBUTION

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

**B. MCINTIRE, GARY, W., MR.,**

Mailing Address 1511 N CHERRY ST

City  
MOUNT CARMEL

State  
IL

Zip Code  
62863-1825

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 / D D / Y Y Y Y Y Y  
08 / 22 / 2019

Transaction ID : SA11A.81582129

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. MCKEE, TODD, E., MR.,**

Mailing Address 1719 SHERCK BLVD

City  
WOOSTER

State  
OH

Zip Code  
44691-9449

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WOOSTER CITY SCHOOLS

Occupation (for Individual)  
SCHOOL PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2019

Transaction ID : SA11A.81566848

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

390.14