

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

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

FOR LINE NUMBER: PAGE 13235 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. FUTRELL, MICHAEL, , MR.,

Mailing Address 10875 BELLE COUR WAY

City
SHREVEPORT

State
LA

Zip Code
71106-7771

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 29 / 2019

Transaction ID : SA11A.81669123

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. GALITA, DAN, A., MR.,

Mailing Address 9241 HIGHLAND DRIVE

City
BRECKSVILLE

State
OH

Zip Code
44141-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCMEO

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 29 / 2019

Transaction ID : SA11A.81635927

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. GALLAS, KATHERINE, M., MS.,

Mailing Address 6986 CRYSTAL CREEK DR.

City
BRECKSVILLE

State
OH

Zip Code
44141-2174

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 29 / 2019

Transaction ID : SA11A.81668318

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

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

800.00