

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**REPUBLICAN NATIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MR. HENRY W. FLISS**

Mailing Address 3700 SOWLES ROAD

City  
HAMBURGState  
NYZip Code  
14075FEC ID number of contributing  
federal political committee.

C

Name of Employer

REQUESTED

Occupation

REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	9			2	0	1	6		

**Transaction ID : 2016M2L11AI01414**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR. TONY FLORENTINE**

Mailing Address 626 N. MOUNTAIN VIEW PLACE

City  
FULLERTONState  
CAZip Code  
92831FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	9			2	0	1	6		

**Transaction ID : 2016M2L11AI01511**

Amount of Each Receipt this Period

220.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DR. KENNETH M. FLORY**

Mailing Address 1200 MONTCLAIR STREET

City  
LONGVIEWState  
TXZip Code  
75601FEC ID number of contributing  
federal political committee.

C

Name of Employer

INTERNAL MEDICINE ASSOCIATION

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	9			2	0	1	6		

**Transaction ID : 2016M2L11AI01300**

Amount of Each Receipt this Period

1100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1620.00