

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

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

FOR LINE NUMBER: PAGE 5292 OF 7612

(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. GODOLLEY, MICHAEL, , MR.,**

Mailing Address 12122 28TH AVENUE

City

PLEASANT PRAIRIE

State

WI

Zip Code

53158-4607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2020

Transaction ID : SA11A.85498642

Amount of Each Receipt this Period

600.00

☐ Memo Item  
CONTRIBUTION

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

**B. GOETTELMAHN, ROD, , MR.,**

Mailing Address 154 FRIENDSHIP ROAD

City

SOUTHAMPTON

State

NJ

Zip Code

08088-8588

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2020

Transaction ID : SA11A.85502613

Amount of Each Receipt this Period

220.00

☐ Memo Item  
CONTRIBUTION

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

**C. GOHMANN, FREDERICK, , DR.,**

Mailing Address 2308 TIMLIN ROAD

City

PORTSMOUTH

State

OH

Zip Code

45662-3014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

DENTIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2020

Transaction ID : SA11A.85481373

Amount of Each Receipt this Period

130.00

☐ Memo Item  
CONTRIBUTION

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

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

950.00