

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 65

(check only one)

<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 Party of Arkansas

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

A. Branch, Andrew, , ,

Mailing Address 537 Clayton Oaks Dr

City
BentonState
ARZip Code
72019-2046FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ADFAOccupation (for Individual)
Manger

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2019

Transaction ID : A07E50F81314E4A8E98C

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Grubb, Wendell, E, ,

Mailing Address PO Box 99

City
CharlestonState
ARZip Code
72933-0099FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Choice HealthcareOccupation (for Individual)
Medical EQ Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2019

Transaction ID : ACD6DD9B54C5C42E3B9B

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

C. Grubb, Wendell, E, ,

Mailing Address PO Box 99

City
CharlestonState
ARZip Code
72933-0099FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Choice HealthcareOccupation (for Individual)
Medical EQ Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2019

Transaction ID : ACB6B055DA05042488F6

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

484.00

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