

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

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

FOR LINE NUMBER: PAGE 9 OF 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

New Jersey Republican State Committee

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

A. Seeler, William, , Mr.,

Mailing Address 768 Springfield Avenue
 # A-8

City
 Summit

State
 NJ

Zip Code
 07901-2340

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 NYU Hospitals

Occupation (for Individual)
 IT Hospitals

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
 05 / 20 / 2019

Transaction ID : ADBE2514A57864419B0A

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Shah, Roshan, , ,

Mailing Address 102 Bernard Drive

City

Red Bank

State

NJ

Zip Code

07701-6754

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Scarinci & Hollenbeck, LLC

Occupation (for Individual)
 Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 21 / 2019

Transaction ID : AD4682F8311384984BEB

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. DiMaso, Serena, , ,

Mailing Address 39 Dora Lane

City

Holmdel

State

NJ

Zip Code

07733-1672

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 State of NJ

Occupation (for Individual)
 Legislator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 22 / 2019

Transaction ID : A9C915A5BEDC1411DA43

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

250.00

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