

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

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

FOR LINE NUMBER: PAGE 13140OF 13842

(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. ROGERS, DARIUS, , MR.,**

Mailing Address 1769B QUAIL COURT

City  
MORRISVILLE

State  
PA

Zip Code  
19067-6324

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 ▼

203.75

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : SA11A.76784829**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. ROGERS, RICHARD, , ,**

Mailing Address 2110 COMPTON BRIDGE ROAD

City  
INMAN

State  
SC

Zip Code  
29349-8486

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 ▼

402.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : SA11A.76781315**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. ROSE, ALICIA, , ,**

Mailing Address 4801 NEWPORT AVENUE

City  
NORFOLK

State  
VA

Zip Code  
23508-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MERIDIAN PSYCHOTHERAPY

Occupation (for Individual)  
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

324.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : SA11A.76783064**

Amount of Each Receipt this Period

42.00

☐ Memo Item  
CONTRIBUTION

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

177.00

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