

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 49  
(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"/>                | <input type="checkbox"/>     | <input type="checkbox"/>     | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

**MAINE REPUBLICAN PARTY**

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

**A. CUMMINGS, REBECCA, , ,**

Mailing Address 21 FOX RUN

City  
WINDHAMState  
MEZip Code  
04062FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOME,HOPE,&HEALINGOccupation (for Individual)  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 08  | 29  | 2019    |

**Transaction ID : SA11A1.37381**

Amount of Each Receipt this Period

60.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.37418]

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

**B. CURRIER, RONALD, , DR.,**

Mailing Address 306 BEECH HILL ROAD

City  
NORRIDGEWOCKState  
MEZip Code  
04957FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SKOWHEGAN INSURANCE AGENCYOccupation (for Individual)  
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 08  | 20  | 2019    |

**Transaction ID : SA11A1.37288**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. GERRY, EDWARD, , MR.,**

Mailing Address P.O. BOX 765

City  
SOUTH FREEPORTState  
MEZip Code  
04078FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STS LLCOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 08  | 28  | 2019    |

**Transaction ID : SA11A1.37390**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

170.00

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