

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

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

FOR LINE NUMBER: PAGE 1709 OF 16715

(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. REYES, M., JUDE, MR.,

Mailing Address 9500 W. BRYN MAWR AVE.
SUITE 700

City
ROSEMONT

State
IL

Zip Code
60018-5216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REYES HOLDINGS, L.L.C.

Occupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2018

Transaction ID : SA11A.76079542

Amount of Each Receipt this Period

33900.00

☒ Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

B. ABACAN, CYNTHIA, , ,

Mailing Address 117 EASTMAN CT

City
MARSHALL

State
MI

Zip Code
49068-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OAKLAWN HOSPITAL

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.75

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 05 / 2018

Transaction ID : SA11A.76176097

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

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

C. ABBAMONDI, DESA, , MRS.,

Mailing Address 146 VALLEY VIEW DR.
APT. 210

City
LEWISVILLE

State
TX

Zip Code
75067-8901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WHOLE FOODS MARKET

Occupation (for Individual)
FLORIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 05 / 2018

Transaction ID : SA11A.76189169

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

60.00