

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. FOSTER, CHARLES, P., MR.,**

Mailing Address 14834 LAKE MAGDALENE CIR

City  
TAMPA

State  
FL

Zip Code  
33613-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2018

Transaction ID : SA11A.76423904

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. FOSTER, CHARLES, P., MR.,**

Mailing Address 14834 LAKE MAGDALENE CIR

City  
TAMPA

State  
FL

Zip Code  
33613-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2018

Transaction ID : SA11A.76426258

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

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

**C. FOSTER, PAUL, H., MR.,**

Mailing Address 1709 GAS HOUSE RD.

City  
CLYDE

State  
TX

Zip Code  
79510-3823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2018

Transaction ID : SA11A.76418032

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

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

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

52.00