

# **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. HOSTETLER, CHARLES, J., MR.,**

Mailing Address 4305 FOXHAVEN AVE NW

City  
CANTON

State  
OH

Zip Code  
44718-2764

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 ▼

425.25

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2019

Transaction ID : SA11A.84239433

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**B. HOTING, ELSIE, M., MS.,**

Mailing Address 939 GRAHAM RD

City  
CORPUS CHRISTI

State  
TX

Zip Code  
78418-5123

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 ▼

563.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2019

Transaction ID : SA11A.84235608

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

**C. HOUAR, MATTHEW, R., MR.,**

Mailing Address 6175 MAY WAY

City  
HONOLULU

State  
HI

Zip Code  
96821-2338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TROPICAL WHOLESALE INC

Occupation (for Individual)  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

576.25

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2019

Transaction ID : SA11A.84256812

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

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

380.00