

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

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

FOR LINE NUMBER: PAGE 11428 OF 70573

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REPUBLICAN NATIONAL COMMITTEE**

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

**A. HOLLAND, HARRY, J., MR.,**

Mailing Address 1179 REED AVENUE

City  
AKRON

State  
OH

Zip Code  
44306-3057

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 ▼

389.13

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2019

Transaction ID : SA11A.84289303

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

**B. HOLLEY, GLEN, EDWARD, DR.,**

Mailing Address 2104 PENINSULA DRIVE

City  
FLOWER MOUND

State  
TX

Zip Code  
75022-5479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PINNACLE ANESTHESIA CONSULTANTS

Occupation (for Individual)  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2019

Transaction ID : SA11A.84300243

Amount of Each Receipt this Period

105.00

☐ Memo Item  
CONTRIBUTION

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

**C. HOLLENBACK, RICHARD, , MR.,**

Mailing Address 3060 MASHIE CIR

City  
CASTLE ROCK

State  
CO

Zip Code  
80109-3672

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2019

Transaction ID : SA11A.84302946

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

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

320.00