

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11430 OF 70573

(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"/> 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. HOLLOWAY, WILLIAM, GARRISON, MR.,**

Mailing Address 4391 ALBATROSS WAY

City  
OCEANSIDEState  
CAZip Code  
92057-7702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.25

Date of Receipt

M M	D D	Y Y Y Y
12	11	2019

**Transaction ID : SA11A.84301918**

Amount of Each Receipt this Period

120.00

☐ Memo Item  
CONTRIBUTION

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

**B. HOLMAN, GAYLA, , MS.,**

Mailing Address 595 OLD COLDWATER ROAD

City  
ANNISTONState  
ALZip Code  
36201-6259FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
HVAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.75

Date of Receipt

M M	D D	Y Y Y Y
12	11	2019

**Transaction ID : SA11A.84298618**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. HOLT, MARK, TIMOTHY, MR.,**

Mailing Address 137 HARVEST DR

City  
FLORENCEState  
ALZip Code  
35633-1357FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M	D D	Y Y Y Y
12	11	2019

**Transaction ID : SA11A.84289765**

Amount of Each Receipt this Period

55.00

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

200.00

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