

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

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

FOR LINE NUMBER: PAGE 13850 OF 70573

(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. HAHN, WILLIAM, , DR.,

Mailing Address 10440 BROADVIEW RD

City

BROADVIEW HEIGHTS

State

OH

Zip Code

44147-3225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SOUTHWEST GENERAL MEDICAL GROUP

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 13 / 2019

Transaction ID : SA11A.84379710

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. HAIGHT, JOHN, WILBUR, MR., JR.

Mailing Address P.O. BOX 2005

City

OVERGAARD

State

AZ

Zip Code

85933-2005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

232.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 13 / 2019

Transaction ID : SA11A.84364176

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. HAILEY, CAROL, J., MRS.,

Mailing Address 5320 TATE AVENUE

City

PLANO

State

TX

Zip Code

75093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

HOMEMAKER

Occupation (for Individual)

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

443.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 13 / 2019

Transaction ID : SA11A.84379381

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

160.00

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