

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21570 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. HARVEY, JUDITH, A., MS.,

Mailing Address P.O. BOX 79059

 City
 FORT WORTH

 State
 TX

 Zip Code
 76179-0059

 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 ▼

449.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 12 / 20 / 2019

Transaction ID : SA11A.84654639

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

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

B. HASHMAN, RAY, , ,

Mailing Address P.O. BOX 49517

 City
 LOS ANGELES

 State
 CA

 Zip Code
 90049-0517

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 SELF-EMPLOYED

 Occupation (for Individual)
 DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2351.93

Date of Receipt

 M M / D D / Y Y Y Y Y
 12 / 20 / 2019

Transaction ID : SA11A.84655327

Amount of Each Receipt this Period

45.00

☐ Memo Item
 CONTRIBUTION

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

C. HASKINS, NOEL, C., DR.,

Mailing Address 753 OLD ORCHARD DR.

 City
 HENDERSONVILLE

 State
 NC

 Zip Code
 28739-3929

 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 ▼

212.50

Date of Receipt

 M M / D D / Y Y Y Y Y
 12 / 20 / 2019

Transaction ID : SA11A.84557837

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

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

120.00

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