

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

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

FOR LINE NUMBER: PAGE 21599 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. HORTON, LINDA, S., MRS.,

Mailing Address 132 NEW CUT RD

City
WINDER

State
GA

Zip Code
30680-2973

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 ▼

828.75

Date of Receipt

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

Transaction ID : SA11A.84559218

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. HOULIHAN, DEBRA, , ,

Mailing Address 400 W SOYARS AVE

City
ORANGE GROVE

State
TX

Zip Code
78372-3664

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HCA BAY AREA HOSPITAL

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.50

Date of Receipt

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

Transaction ID : SA11A.84656015

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. HOUSE, ROBERT, E., MR.,

Mailing Address 8676 STATE ROAD 48

City
AURORA

State
IN

Zip Code
47001-8920

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 ▼

225.00

Date of Receipt

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

Transaction ID : SA11A.84564876

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

700.00