

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

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

FOR LINE NUMBER: PAGE 33299 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. YABIKU, HIROSHI, ,**

Mailing Address 7943 BURRINGTON ST

City  
CORONA

State  
CA

Zip Code  
92880-9625

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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.84674983

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. YAGOOBIAN, FARIBA, CELINE, DR.,**

Mailing Address 435 MARTIN LANE

City  
BEVERLY HILLS

State  
CA

Zip Code  
90210-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1070.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.84671115

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. YAHL, JOHN, F., MR.,**

Mailing Address 2203 KENSINGTON DR

City  
SAINT MARYS

State  
OH

Zip Code  
45885-3303

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.84642949

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)..... ►

600.00