

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

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

FOR LINE NUMBER: PAGE 7185 OF 12646

(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. HALL, ADA, B., ,

Mailing Address 4836 NEBO RD

City
WALLAND

State
TN

Zip Code
37886-3016

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 BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2020

Transaction ID : SA11A.86200522

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. HALL, FREDERICK, , ,

Mailing Address 121 E. CALLENDER ST. APT. 7

City
LIVINGSTON

State
MT

Zip Code
59047-2648

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2020

Transaction ID : SA11A.86202343

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

C. HALL, FREDERICK, J., MR.,

Mailing Address 905 MONROE ST

City
HOQUIAM

State
WA

Zip Code
98550-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GREYS HARBOR COMMUNITY HOSPITAL

Occupation (for Individual)

PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2020

Transaction ID : SA11A.86284648

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

595.00

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