

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

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

FOR LINE NUMBER: PAGE 271 OF 8857

(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. HUBBARD, JOHN, , ,**

Mailing Address 21 SHIRLEY

City  
LEXINGTON

State  
MA

Zip Code  
02421-4601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VA HEALTHCARE

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2019

Transaction ID : SA11A.79131451

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. HUDSON, EDWARD, , MR.,**

Mailing Address 95-1018 KIHENE STREET

City  
MILILANI

State  
HI

Zip Code  
96789-6526

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BANK OF HAWAII

Occupation (for Individual)  
HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2019

Transaction ID : SA11A.79131457

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. HUFFMAN, RAY, , MR.,**

Mailing Address P.O. BOX 422

City  
ENCAMPMENT

State  
WY

Zip Code  
82325-0422

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 ▼

233.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2019

Transaction ID : SA11A.79088863

Amount of Each Receipt this Period

40.00

☐ Memo Item  
CONTRIBUTION

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

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

390.00