

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15724 OF 31559

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 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. KING, MONICA, M., MS.,

Mailing Address 688 W LOOP DR.

City
CAMARILLOState
CAZip Code
93010-1260FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DISABLEDOccupation (for Individual)
DISABLED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

894.16

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 09 | | 2019 |

Transaction ID : SA11A.83072906

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5632068.54

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 09 | | 2019 |

Transaction ID : SA11C.83071424260269

Amount of Each Receipt this Period

10.00

☒ Memo Item
CONTRIBUTION
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED

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

C. HOSTETLER, CHARLES, J., MR.,

Mailing Address 4305 FOXHAVEN AVE NW

City
CANTONState
OHZip Code
44718-2764FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.25

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 09 | | 2019 |

Transaction ID : SA11A.83072911

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

60.00