

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. HAMMONS, THOMAS, C., MR.,**

Mailing Address 5491 LAKEFRONT DR.

City  
CINCINNATIState  
OHZip Code  
45247-6506FEC 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 ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
06	17	2019

**Transaction ID : SA11A.80272888**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. HAND, LARRY, J., MR.,**

Mailing Address 5255 SW ROYAL SPRUCE DR.

City  
PORT ORCHARDState  
WAZip Code  
98367-9251FEC 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 ▼

290.00

Date of Receipt

M M	D D	Y Y Y Y
06	17	2019

**Transaction ID : SA11A.80380037**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. HANSEN, CYNTHIA, JEAN, MS.,**

Mailing Address P.O. BOX 1436

City  
BEAVERState  
UTZip Code  
84713-1436FEC 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 ▼

345.00

Date of Receipt

M M	D D	Y Y Y Y
06	17	2019

**Transaction ID : SA11A.80271804**

Amount of Each Receipt this Period

120.00

☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional)..... ►

195.00

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