

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

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

FOR LINE NUMBER: PAGE 9675 OF 27332

(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. HOLLAND, HARRY, J., MR.,**

Mailing Address 1179 REED AVENUE

 City  
 AKRON

 State  
 OH

 Zip Code  
 44306-3057

 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 ▼

259.63

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2019

Transaction ID : SA11A.80515144

Amount of Each Receipt this Period

12.00

☐ Memo Item  
 CONTRIBUTION

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

**B. HOLMKVIST, DAVID, A., MR.,**

 Mailing Address 1 BALDWIN AVE  
 APT 817

 City  
 SAN MATEO

 State  
 CA

 Zip Code  
 94401-3851

 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 Y  
 06 / 25 / 2019

Transaction ID : SA11A.80515248

Amount of Each Receipt this Period

200.00

☐ Memo Item  
 CONTRIBUTION

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

**C. HOMAN, MICHELE, R., MS.,**

Mailing Address 586 UNION CITY ROAD

 City  
 FORT RECOVERY

 State  
 OH

 Zip Code  
 45846-9309

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 NEW VISION LABS

 Occupation (for Individual)  
 MEDICAL LAB TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.05

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2019

Transaction ID : SA11A.80516490

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)..... ►

312.00