

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

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

FOR LINE NUMBER: PAGE 26247 OF 79583

(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. HANEY, RICHARD, C., MR.,**

Mailing Address 14168 EAST CT

City  
LAUREL

State  
DE

Zip Code  
19956-2954

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 29 / 2019

Transaction ID : SA11A.84055851

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. HANNAH, JOHN, A., MR.,**

Mailing Address 1703 CRICKET LANE

City  
WEST CHESTER

State  
PA

Zip Code  
19380-6484

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MARSH

Occupation (for Individual)  
INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 29 / 2019

Transaction ID : SA11A.84035903

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. HANSEN, JUDY, , MRS.,**

Mailing Address 8871 E.E. 25 ROAD #25

City  
RAPID RIVER

State  
MI

Zip Code  
49878

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ST. FRANCIS HOSPITAL

Occupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 29 / 2019

Transaction ID : SA11A.84037751

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

250.00