

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

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

FOR LINE NUMBER: PAGE 4736 OF 27201

(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. HORNING, GARY, LYNN, MR.,**

Mailing Address 3043 HERBISON ROAD

City  
BATH

State  
MI

Zip Code  
48808-9417

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
FARMING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2019

Transaction ID : SA11A.80811199

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

**B. HORVATH, JOHN, EDWARD, MR.,**

Mailing Address 255 LINDENHALL CT.

City  
RIVA

State  
MD

Zip Code  
21140-1518

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  
07 / 09 / 2019

Transaction ID : SA11A.80802779

Amount of Each Receipt this Period

55.00

☐ Memo Item  
CONTRIBUTION

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

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

Mailing Address 4305 FOXHAVEN AVE NW

City  
CANTON

State  
OH

Zip Code  
44718-2764

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 ▼

247.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2019

Transaction ID : SA11A.80831942

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

105.00

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