

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

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

FOR LINE NUMBER: PAGE 131720F 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. HUYNH, PAUL, P., MR.,**

Mailing Address 12042 LOWER AZUSA ROAD

City  
EL MONTE

State  
CA

Zip Code  
91732-1646

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CITRUS VALLEY HEALTH PARTNER

Occupation (for Individual)  
RESPIRATORY THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2019

Transaction ID : SA11A.81216549

Amount of Each Receipt this Period

90.00

☐ Memo Item  
CONTRIBUTION

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

**B. HWANG, STEVE, , ,**

Mailing Address 11511 VISTA MAR

City  
SANTA ANA

State  
CA

Zip Code  
92705-3174

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
MEDICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.25

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2019

Transaction ID : SA11A.81179537

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. HYRES, ANN, LONGSHORE, MRS.,**

Mailing Address 6290 ALPINE LN

City  
WISE

State  
VA

Zip Code  
24293-6510

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 ▼

3662.75

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2019

Transaction ID : SA11A.81216998

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)..... ►

225.00