

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7409 OF 61111

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

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

A. HOFFMAN, VICTORIA, , ,

Mailing Address 1925 E MURRAY ST, LOT #6

City
RAWLINS

State
WY

Zip Code
82301-4538

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KUM AND GO

Occupation (for Individual)
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2020

Transaction ID : SA11A.87993781

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. HOLDER, SANDRA, S., MS.,

Mailing Address 2681 N CARNOUSTIE LOOP

City
LECANTO

State
FL

Zip Code
34461-6901

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 ▼

346.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2020

Transaction ID : SA11A.87930402

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

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

C. HOLYFIELD, CAROL, BROOKS, MS.,

Mailing Address 1111 KNOLLWOOD PLACE

City
MARTINSVILLE

State
VA

Zip Code
24112-5503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MARTINSVILLE CITY SCHHOOLS

Occupation (for Individual)
NURSE HEALTH COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2020

Transaction ID : SA11A.87993725

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

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

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

41.00