

# **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 11586 OF 61111

☒ 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. HACKNEY, SCOTT, , ,**

Mailing Address 2708 STATE ROUTE 41

City  
MANCHESTER

State  
OH

Zip Code  
45144-8361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FRONTIER COMMUNICATIONS

Occupation (for Individual)  
TECHNICIAN

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  
04 / 14 / 2020

Transaction ID : SA11A.88027559

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. HAGAN, CLYDE, RALPH, MR.,**

Mailing Address 1587 ROSEMARY CT

City  
CASTLE ROCK

State  
CO

Zip Code  
80109-4704

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 ▼

1328.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2020

Transaction ID : SA11A.88028092

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. HAGAN, CLYDE, RALPH, MR.,**

Mailing Address 1587 ROSEMARY CT

City  
CASTLE ROCK

State  
CO

Zip Code  
80109-4704

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 ▼

1328.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2020

Transaction ID : SA11A.88061902

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)..... ►

250.00