

# **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 11609 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. HILTON, DAVID, K., DR.,**

Mailing Address 6654 S. WILCOCKS PLACE

City  
TERRE HAUTE

State  
IN

Zip Code  
47802-7885

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VHA

Occupation (for Individual)  
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.07

Date of Receipt

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

**Transaction ID : SA11A.88064119**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. HINDE, ROSE, MARIE, MRS.,**

Mailing Address 4712 SW 6TH AVE  
APT 217

City  
TOPEKA

State  
KS

Zip Code  
66606-2293

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 ▼

709.75

Date of Receipt

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

**Transaction ID : SA11A.88043524**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. HINES, FRANK, S., MR.,**

Mailing Address 138 W. RIDGE DRIVE

City  
NATCHITOCHES

State  
LA

Zip Code  
71457-6454

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

**Transaction ID : SA11A.88063750**

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)..... ►

200.00