

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

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

FOR LINE NUMBER: PAGE 1314 OF 8575

(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. HAMMONS, THOMAS, C., MR.,**

Mailing Address 5491 LAKEFRONT DR.

City  
CINCINNATI

State  
OH

Zip Code  
45247-6506

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2019

Transaction ID : SA11A.79665426

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. HAMOR, ROBERT, H., DR.,**

Mailing Address 200 LAUREL LAKE DR APT W118

City  
HUDSON

State  
OH

Zip Code  
44236-2111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AKRON RADIOLOGY, INC.

Occupation (for Individual)  
PHYSICIAN

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  
05 / 06 / 2019

Transaction ID : SA11A.79663334

Amount of Each Receipt this Period

125.00

☐ Memo Item  
CONTRIBUTION

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

**C. HANKS, AUDREY, , MS.,**

Mailing Address 14022 N. BOLIVAR DRIVE

City  
SUN CITY

State  
AZ

Zip Code  
85351-2976

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2019

Transaction ID : SA11A.79658666

Amount of Each Receipt this Period

260.00

☐ Memo Item  
CONTRIBUTION

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

410.00

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