

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

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

FOR LINE NUMBER: PAGE 2803 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. PETERS, RICHARD, B., MR.,**

Mailing Address 32086 LYNX HOLLOW ROAD

City  
CRESWELL

State  
OR

Zip Code  
97426-9385

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 ▼

237.50

Date of Receipt

05 / 13 / 2019

Transaction ID : SA11A.79747863

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. PHAM, HOANG, MINH, MR.,**

Mailing Address 10592 LINNELL AVE

City  
GARDEN GROVE

State  
CA

Zip Code  
92843-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GLIDEWELL DENTAL LAB.

Occupation (for Individual)  
DENTAL LAB TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 13 / 2019

Transaction ID : SA11A.79752792

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. PHAM, HOANG, MINH, MR.,**

Mailing Address 10592 LINNELL AVE

City  
GARDEN GROVE

State  
CA

Zip Code  
92843-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GLIDEWELL DENTAL LAB.

Occupation (for Individual)  
DENTAL LAB TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 13 / 2019

Transaction ID : SA11A.79755094

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