

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

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

FOR LINE NUMBER: PAGE 508 OF 27511

(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. HOLLOWELL, JOHN, J., MR.,

Mailing Address 2302 SCIENTISTS CLIFFS RD

City
PORT REPUBLIC

State
MD

Zip Code
20676

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FLAG HARBOR CONDO ASSOC.

Occupation (for Individual)
TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.75

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 03 / 2019

Transaction ID : SA11A.81726012

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. HOLLOWAY, WILLIAM, GARRISON, MR.,

Mailing Address 4391 ALBATROSS WAY

City
OCEANSIDE

State
CA

Zip Code
92057-7702

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 ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 03 / 2019

Transaction ID : SA11A.81726088

Amount of Each Receipt this Period

120.00

☐ Memo Item
CONTRIBUTION

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

C. HOLLY, JANET, M., MS.,

Mailing Address 3116 LITTLE RD.

City
PERKIOMENVILLE

State
PA

Zip Code
18074-9325

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 BES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

537.25

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 03 / 2019

Transaction ID : SA11A.81737291

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)..... ►

320.00