

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

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

FOR LINE NUMBER: PAGE 5876 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. 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 ▼

312.50

Date of Receipt

MM / DD / YYYY
09 / 11 / 2019

Transaction ID : SA11A.81914033

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. HAMMOND, WALTER, HOWELL, MR., JR.

Mailing Address 2184 PEACH LN SE

City
SMYRNA

State
GA

Zip Code
30080-6542

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NATIONAL COMMUNITY SALES INC.

Occupation (for Individual)
V.P. SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.25

Date of Receipt

MM / DD / YYYY
09 / 11 / 2019

Transaction ID : SA11A.81920503

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. HANLON, SHAWN, J., ,

Mailing Address 11 MOUNT CARTER DR

City
GORHAM

State
NH

Zip Code
03581-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
AUTO DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 11 / 2019

Transaction ID : SA11A.81922859

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

400.00

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