

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

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

FOR LINE NUMBER: PAGE 6264 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. MATTHEWS, ROBERT, L., MR.,**

Mailing Address P.O. BOX 303

City  
FAR HILLS

State  
NJ

Zip Code  
07931-0303

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 ▼

277.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2019

Transaction ID : SA11A.81934993

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

**B. MATUZ, HELEN, , MS.,**

Mailing Address 17 GAYMOR LN

City  
COMMACK

State  
NY

Zip Code  
11725-1305

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 ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2019

Transaction ID : SA11A.81936401

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. MAXWELL, THOMAS, , MR.,**

Mailing Address 1010 BARKADA ROAD

City  
MONTICELLO

State  
AR

Zip Code  
71655-9276

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MAXWELL HARDWOOD

Occupation (for Individual)  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2019

Transaction ID : SA11A.81936392

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

800.00