

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. HUBER, JOSEPH, CASPER, MR., JR.**

Mailing Address 278 HUNTER PKWY

City

CUYAHOGA FALLS

State

OH

Zip Code

44223-3797

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 BE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2019

**Transaction ID : SA11A.81945909**

Amount of Each Receipt this Period

400.00

☐ Memo Item

CONTRIBUTION

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

**B. HUCK, ROBB, , ,**

Mailing Address 3609 BOGEY LANE

City

BELLEVUE

State

NE

Zip Code

68123-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

TAKEDA

Occupation (for Individual)

SALES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2019

**Transaction ID : SA11A.81931264**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

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

**C. HUDSON, JAMES, C., ,**

Mailing Address 1618 CRESCENT AVE

City

KLAMATH FALLS

State

OR

Zip Code

97601-2526

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2019

**Transaction ID : SA11A.81930789**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

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

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

455.00