

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

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

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(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. HYLAND, MARY, , ,

Mailing Address 23 SCENIC DR.

City
NEWTON

State
NJ

Zip Code
07860-5321

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 ▼

587.50

Date of Receipt

08 / 20 / 2019

Transaction ID : SA11A.81461962

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. HYLER, RALPH, L., MR.,

Mailing Address 303 RUSSELL AVE

City
CORTLAND

State
OH

Zip Code
44410-1261

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 ▼

262.50

Date of Receipt

08 / 20 / 2019

Transaction ID : SA11A.81539211

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. IAIA, RENEE, L., MS.,

Mailing Address 75950 ZAMBEZI COURT EAST

City
PALM DESERT

State
CA

Zip Code
92211-7012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MWIA INSURANCE

Occupation (for Individual)
INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

313.02

Date of Receipt

08 / 20 / 2019

Transaction ID : SA11A.81462449

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

135.00