

# **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. PENNINGTON, JOAN, M., MRS.,**

Mailing Address 8130 COOPER WAY

City  
INVER GROVE HEIGHTS

State  
MN

Zip Code  
55076-3340

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FAIRVIEW HEALTH SERVICES

Occupation (for Individual)  
COMMUNITY HEALTH DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2018

Transaction ID : SA11A.74321278

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. PERRY, GRACE, , MS.,**

Mailing Address 17305 SW WOODHAVEN DR.

City  
SHERWOOD

State  
OR

Zip Code  
97140-8225

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 ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2018

Transaction ID : SA11A.74326859

Amount of Each Receipt this Period

251.00

☐ Memo Item  
CONTRIBUTION

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

**C. PETERSON, CAROL, , MS.,**

Mailing Address 6274 MUIRFIELD DRIVE

City  
GOLETA

State  
CA

Zip Code  
93117-1629

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 ▼

461.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2018

Transaction ID : SA11A.74328669

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

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

701.00