

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

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

FOR LINE NUMBER: PAGE 4370 OF 6127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REPUBLICAN NATIONAL COMMITTEE**

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

**A. PIETRUSEWICZ, JOHN, , MR.,**

Mailing Address 8155 SUGARBUSH DR.

City  
SPRING HILL

State  
FL

Zip Code  
34606-3151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
J.P. INDUSTRIES, INC.

Occupation (for Individual)  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2017

Transaction ID : SA11A.72120545

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. PIETTE, LYSSA, M., MS.,**

Mailing Address 5867 KRUGER RD

City  
THREE OAKS

State  
MI

Zip Code  
49128-9140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LYSSA

Occupation (for Individual)  
MERCHANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2017

Transaction ID : SA11A.72121709

Amount of Each Receipt this Period

1110.00

☐ Memo Item  
CONTRIBUTION

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

**C. PINK, DON, R., MR.,**

Mailing Address 14518 HAWTHORN DRIVE

City  
CLIVE

State  
IA

Zip Code  
50325-7710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)  
COMPUTER OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2017

Transaction ID : SA11A.72118785

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

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

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

1190.00