

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

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

FOR LINE NUMBER: PAGE 25468 OF 79583

(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. RINTALA, LOUANN, , MRS.,**

Mailing Address P.O. BOX 177

City  
MUSSELSHELL

State  
MT

Zip Code  
59059-0177

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 27 / 2019

Transaction ID : SA11A.84021163

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. RIPPEE, BRENDA, , MRS.,**

Mailing Address 7370 ALT ST RT 49 E

City  
ARCANUM

State  
OH

Zip Code  
45304-9675

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PREMIER HEALTH

Occupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 27 / 2019

Transaction ID : SA11A.84056847

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. RITCHIE, EDWARD, C., MR.,**

Mailing Address 417 GARRISON TRL

City  
MINDEN

State  
LA

Zip Code  
71055-8986

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNEMPLOYED

Occupation (for Individual)  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 27 / 2019

Transaction ID : SA11A.84009679

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

250.00