

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

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

FOR LINE NUMBER: PAGE 11799 OF 27201

(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. RINGLER, FRED, ,

Mailing Address 360 HOLLYWOOD AVE

City
LITTLE NECK

State
NY

Zip Code
11363-1114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
POSILLCO

Occupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2019

Transaction ID : SA11A.81131443

Amount of Each Receipt this Period

35.00

☐ 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 ▼

430.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2019

Transaction ID : SA11A.81132031

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. RIRIE, JOANNE, , MRS.,

Mailing Address 1061 UNIVERSITY AVE

City
SALINAS

State
CA

Zip Code
93901-1013

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 BES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

348.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2019

Transaction ID : SA11A.81149397

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