

# **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. SIPKEMA, LORETTA, MAE, RMS,**

Mailing Address 11381 W 1200 N

City  
DEMOTTE

State  
IN

Zip Code  
46310-9749

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
FARMING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.50

Date of Receipt

MM / DD / YYYY  
04 / 28 / 2020

Transaction ID : SA11A.88666322

Amount of Each Receipt this Period

46.00

☐ Memo Item  
CONTRIBUTION

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

**B. SKALSKY, ALEXIS, M., ,**

Mailing Address 684 N MAIN ST

City  
SHREVE

State  
OH

Zip Code  
44676-9792

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOSPITAL CORP. OF AMERICA

Occupation (for Individual)  
MEDICAL CODER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.75

Date of Receipt

MM / DD / YYYY  
04 / 28 / 2020

Transaction ID : SA11A.88600758

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

**C. SKALSKY, ALEXIS, M., ,**

Mailing Address 684 N MAIN ST

City  
SHREVE

State  
OH

Zip Code  
44676-9792

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOSPITAL CORP. OF AMERICA

Occupation (for Individual)  
MEDICAL CODER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

264.75

Date of Receipt

MM / DD / YYYY  
04 / 28 / 2020

Transaction ID : SA11A.88662669

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)..... ►

141.00