

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

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

FOR LINE NUMBER: PAGE 3250 OF 20912

(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. SHUTTER, CAROLYN, A., MRS.,**

Mailing Address 48617 LAKEVIEW E.  
LOT 81

City  
SHELBY TOWNSHIP

State  
MI

Zip Code  
48317-2738

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2017

Transaction ID : SA11A.73118345

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

**B. SHY, STEPHEN, , DR.,**

Mailing Address 3170 RT 75 HUNTINGTON

City  
HUNTINGTON

State  
WV

Zip Code  
25704-9150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OHIO VALLEY PHYSICIANS

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.75

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2017

Transaction ID : SA11A.73114246

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. SIEPIERSKI, GINA, , ,**

Mailing Address 15246 HILLCREST CT

City  
LIVONIA

State  
MI

Zip Code  
48154-3656

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 ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2017

Transaction ID : SA11A.73117172

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

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

75.00