

# **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. RALSTON, CANDICE, M., ,**

Mailing Address 2100 VALLEY VIEW PARKWAY  
1518

City  
EL DORADO HILLS

State  
CA

Zip Code  
95762-5536

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 ▼

225.00

Date of Receipt

MM / DD / YYYY  
05 / 15 / 2019

Transaction ID : SA11A.79812597

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. RAMIREZ, CAROL, , MRS.,**

Mailing Address 1657 GREENWOOD WAY

City  
YUBA CITY

State  
CA

Zip Code  
95993-1713

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 BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 15 / 2019

Transaction ID : SA11A.79806787

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. RAMIRO, FLORITA, S., MS.,**

Mailing Address 5914 BALTIMORE STREET #A

City  
GWYNN OAK

State  
MD

Zip Code  
21207-5001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
V.A. MEDICAL CENTER-BALTIMORE

Occupation (for Individual)  
MEDICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
05 / 15 / 2019

Transaction ID : SA11A.79810291

Amount of Each Receipt this Period

65.00

☐ Memo Item  
CONTRIBUTION

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

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

350.00