

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KEVIN MCCARTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

WINRED**A.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2746985.54

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		15		2020

Transaction ID : A086AA1DB8E784AEB97E

Amount of Each Receipt this Period

50.00

☒ Memo Item
 INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.**B.**

Full Name (Last, First, Middle Initial)

WHEELER, WALTER T, , ,Mailing Address 3800 AMERICAN BLVD W
STE 1500

City

MINNEAPOLIS

State

MN

Zip Code

55431-4429

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

JESUS OF NAZARETH

JUDEO CHRISTIAN CONSTITUTIONAL CON

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		15		2020

Transaction ID : A714E2239808F4C3BAB0

Amount of Each Receipt this Period

25.00

☐ Memo Item
 EARMARKED (NON-DIRECTED) THROUGH WINRED
C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2746985.54

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		15		2020

Transaction ID : AF26E956E06494F5A874

Amount of Each Receipt this Period

25.00

☒ Memo Item
 INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

25.00