

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use 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		28		2020

Transaction ID : A0857AC80A27C4127B49

Amount of Each Receipt this Period

10.00

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

Full Name (Last, First, Middle Initial)

**FINCH, PATRICIA, , ,**

Mailing Address 43 WOLF RIDGE DR

City

HOLLAND

State

OH

Zip Code

43528-9467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2020

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

535.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		28		2020

Transaction ID : AD15CB6662D2B46DEB2E

Amount of Each Receipt this Period

100.00

☐ 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		28		2020

Transaction ID : A6252DA1A06FA45CE84D

Amount of Each Receipt this Period

100.00

☒ Memo Item  
 INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

100.00

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