

SCHEDULE A (FEC Form 3) **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 ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KEVIN MCCARTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) WINRED			Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2020		
Mailing Address PO BOX 9891			Transaction ID : AE22410C8FB834D6FBF9		
City ARLINGTON	State VA	Zip Code 22219-1891	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date _____ 2746985.54			
Name of Employer Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation INTERMEDIARY TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.			
B. Full Name (Last, First, Middle Initial) CESPED, RICARDO, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2020		
Mailing Address 970 WEDGE CT			Transaction ID : A8A554FA010EE4F93980		
City INCLINE VILLAGE	State NV	Zip Code 89451-8947	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date _____ 1350.00			
Name of Employer RETIRED Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation RETIRED EARMARKED (NON-DIRECTED) THROUGH WINRED			
C. Full Name (Last, First, Middle Initial) WINRED			Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2020		
Mailing Address PO BOX 9891			Transaction ID : A507C38242CC546EE997		
City ARLINGTON	State VA	Zip Code 22219-1891	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date _____ 2746985.54			
Name of Employer Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation INTERMEDIARY TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 250.00		
TOTAL This Period (last page this line number only)..... ▶			_____		