

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

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

FOR LINE NUMBER: PAGE 24359 OF 70573

(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. SZABO, MARIANNA, , MS.,

Mailing Address 9700 N. WILLOW AVE

City
TAMPA

State
FL

Zip Code
33612-7762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MID-FLORIDA PATHOLOGY

Occupation (for Individual)
PATHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2398.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2019

Transaction ID : SA11A.84833992

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

B. WINRED

Mailing Address P.O. BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12221113.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2019

Transaction ID : SA11C.84568246223692

Amount of Each Receipt this Period

50.00

☒ Memo Item
CONTRIBUTION

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED

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

C. PELOSI, MARIANNE, , ,

Mailing Address 350 KENNEDY BLVD

City
BAYONNE

State
NJ

Zip Code
07002-1313

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PELOSI MEDICAL CENTER

Occupation (for Individual)
PRACTICE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2019

Transaction ID : SA11A.84833994

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

150.00