

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

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

FOR LINE NUMBER: PAGE 1445 OF 2646

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**KEVIN MCCARTHY FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>TESAR, MICHAEL, , ,</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2019		
Mailing Address 10 AURORA DR			<b>Transaction ID : A016405E0726643998DF</b>		
City ROLLING HILLS ESTA	State CA	Zip Code 90274-4202	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C		Name of Employer RETIRED			
Occupation RETIRED		Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Election Cycle-to-Date ▼ _____ 475.00		<input type="checkbox"/> Memo Item EARMARKED (NON-DIRECTED) THROUGH WINRED			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>WINRED</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2019		
Mailing Address PO BOX 9891			<b>Transaction ID : AEBF55A6299334552B8B</b>		
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		Name of Employer _____			
Occupation _____		Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Election Cycle-to-Date ▼ _____ 438649.03		<input checked="" type="checkbox"/> Memo Item INTERMEDIARY TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>TEWELDEMEDHIN, KELETE, , ,</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2019		
Mailing Address 2040 W HOOD AVE APT 3			<b>Transaction ID : AE604E835F59141BB9CF</b>		
City CHICAGO	State IL	Zip Code 60659-4330	Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. C		Name of Employer AU BON PAIN			
Occupation CUSTOMER SERVICE		Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Election Cycle-to-Date ▼ _____ 377.00		<input type="checkbox"/> Memo Item			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			_____ 60.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶			_____		