

**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 ▼

1350242.38

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		21		2020

**Transaction ID : A4E25442C94574806A15**

Amount of Each Receipt this Period

25.00

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

Full Name (Last, First, Middle Initial)

**SCHENK, KEN, , ,**

Mailing Address 1713 MARKET ST

City

CAMP HILL

State

PA

Zip Code

17011-4828

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

Name of Employer

Occupation

SELF

SELF

Receipt For: 2020

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		21		2020

**Transaction ID : AE6345DD866644530A2F**

Amount of Each Receipt this Period

50.00

☐ 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 ▼

1350242.38

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		21		2020

**Transaction ID : ACC60ADE776A84993852**

Amount of Each Receipt this Period

50.00

☒ 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)..... ▶

50.00