

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse 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"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. WINRED

Mailing Address P.O. BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC 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 ▼

7488087.73

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02	/	13	/	2020

Transaction ID : SA11C.86581746387615

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

B. TESTANI, JOSEPH, , MR.,Mailing Address 90 BAY STREET LANDING
APT 8ICity
STATEN ISLANDState
NYZip Code
10301-2664FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DOWNSTATE MEDICAL CENTEROccupation (for Individual)
HEALTH CARE ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02	/	13	/	2020

Transaction ID : SA11A.86586190

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

C. WINRED

Mailing Address P.O. BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC 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 ▼

7488087.73

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02	/	13	/	2020

Transaction ID : SA11C.86581746387617

Amount of Each Receipt this Period

35.00

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

50.00

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