

SCHEDULE A (FEC Form 3X)

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 ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NRCC

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

A. WINRED

Mailing Address PO 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 ▼

4513153.20

Date of Receipt

01 / 23 / 2020

Transaction ID : SA11C.18909940115541

Amount of Each Receipt this Period

10.00

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

B. CHIARAMONTE, MICHAEL, , ,

Mailing Address 510 CATHEDRAL DRIVE

City
ALEXANDRIA

State
VA

Zip Code
22314-4706

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTHERN MARYLAND HOSPITAL CENTER

Occupation (for Individual)
HEALTHCARE EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5070.00

Date of Receipt

01 / 23 / 2020

Transaction ID : SA11A.18911130

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

C. WINRED

Mailing Address PO 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 ▼

4513153.20

Date of Receipt

01 / 23 / 2020

Transaction ID : SA11C.18909940115542

Amount of Each Receipt this Period

5000.00

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

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

10.00