

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

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

FOR LINE NUMBER: PAGE 2136 OF 12165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NRCC

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

A. PELLMAN, CARL, M., DR., M.D.

Mailing Address 151 WEST 93 ST

City
NEW YORK

State
NY

Zip Code
10025-7551

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOUNT SINAI MEDICAL SERVICES

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2020

Transaction ID : SA11A.18997601

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

B. 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 ▼

8666729.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2020

Transaction ID : SA11C.1899742224399

Amount of Each Receipt this Period

35.00

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

C. FOSTER, CHARLES, A., MR., II

Mailing Address P.O. BOX 146

City
LANCASTER

State
TX

Zip Code
75146-0146

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
SELF

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2020

Transaction ID : SA11A.18997608

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

85.00