

**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)

**McConnell Senate Committee**

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**

C00694323

Name of Employer

Occupation

Receipt For: 2020

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

12533015.89

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 20 / 2020D D / Y Y Y Y Y  
20 / 2020Y Y Y Y Y  
2020

Transaction ID : AE2F3623DFC374486BAD

Amount of Each Receipt this Period

643610.29

☒ Memo Item

EM Trans Total

Earmark Directed

**B.**

Full Name (Last, First, Middle Initial)

**Tyrholm, Michael, , ,**

Mailing Address 3510 Collier Ln

City

Klamath Falls

State

OR

Zip Code

97603-9643

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

Name of Employer

Occupation

Retired

retired

Receipt For: 2020

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 13 / 2020D D / Y Y Y Y Y  
13 / 2020Y Y Y Y Y  
2020

Transaction ID : AB5B274ADD1B14AA8A4C

Amount of Each Receipt this Period

50.00

☐ Memo Item

WinRed EM Recd 4/20/20

**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**

C00694323

Name of Employer

Occupation

Receipt For: 2020

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

12533015.89

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 20 / 2020D D / Y Y Y Y Y  
20 / 2020Y Y Y Y Y  
2020

Transaction ID : ABAD9E986B1504EF19E1

Amount of Each Receipt this Period

643610.29

☒ Memo Item

EM Trans Total

Earmark Directed

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

50.00