

**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"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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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
0	4		1	0		2	0	2	0

Transaction ID : AD8BE195610094C7B9AC

Amount of Each Receipt this Period

618024.88

☒ Memo Item

EM Trans Total

Earmark Directed

Full Name (Last, First, Middle Initial)

Campbell, Beverly, J., ,**B.**

Mailing Address 13040 Loblolly Lane South

City

Jacksonville

State

FL

Zip Code

32246-4171

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 ▼

465.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	0

Transaction ID : A77821ADFFB7F44B9A33

Amount of Each Receipt this Period

50.00

☐ Memo Item

WinRed EM Recd 4/10/20

Full Name (Last, First, Middle Initial)

WINRED**C.**

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
0	4		1	0		2	0	2	0

Transaction ID : A5037BA0035E34463942

Amount of Each Receipt this Period

618024.88

☒ Memo Item

EM Trans Total

Earmark Directed

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

50.00

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