

**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)

**Coates, Lynda, , ,****A.**

Mailing Address P.O.Box254

City

Medina

State

TX

Zip Code

78055

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

Name of Employer

Retired

Occupation

retired

Receipt For: 2020

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

207.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	0

**Transaction ID : A6A4C7931B9CB449EB8A**

Amount of Each Receipt this Period

5.00

☐ Memo Item

WinRed EM Recd 4/30/20

Full Name (Last, First, Middle Initial)

**WINRED****B.**

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		3	0		2	0	2	0

**Transaction ID : AD4D60314AB3B4D2DA02**

Amount of Each Receipt this Period

1059556.02

☒ Memo Item

EM Trans Total

Earmark Directed

Full Name (Last, First, Middle Initial)

**Caffaratti, John, , ,****C.**

Mailing Address 155 Lincoln Ln

City

Norwich

State

OH

Zip Code

43767-9724

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

Name of Employer

Genesis Healthcare System, Zanesville,

Occupation

Cardiologist

Receipt For: 2020

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	0

**Transaction ID : A6A5188D31D894AC6806**

Amount of Each Receipt this Period

25.00

☐ Memo Item

WinRed EM Recd 4/30/20

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

30.00

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