

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 30 OF 59	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
BOGNET FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
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Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
245066.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2022

Transaction ID : AA68ED3A8C2DC492EB03

Amount of Each Receipt this Period
2900.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
BOGNET, JAMES, R., ,

Mailing Address 986 MELVIN RD.

City ANNAPOLIS	State MD	Zip Code 21403-1316
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FEC ID number of contributing federal political committee. **C**

Name of Employer BOGNET CONST ASSOC.	Occupation CEO
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Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2022

Transaction ID : A84538AE342A54DCB8BB

Amount of Each Receipt this Period
2900.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BOGNET, JAMES, R., ,

Mailing Address 986 MELVIN RD.

City ANNAPOLIS	State MD	Zip Code 21403-1316
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FEC ID number of contributing federal political committee. **C**

Name of Employer BOGNET CONST ASSOC.	Occupation CEO
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Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2022

Transaction ID : A5A5569BBE7C64D26B38

Amount of Each Receipt this Period
2900.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	5800.00
TOTAL This Period (last page this line number only)..... ▶	