

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

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

FOR LINE NUMBER: PAGE 21544 OF 31559

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

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

A. 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 ▼

5632068.54

Date of Receipt

10 / 16 / 2019

Transaction ID : SA11C.83091792274901

Amount of Each Receipt this Period

5.00

☒ Memo Item
 CONTRIBUTION

**TOTAL EARMARKED THROUGH CONDUIT. PAC
 LIMIT NOT AFFECTED**

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

B. BOYD, HELEN, , ,

Mailing Address 150 COUNTY ROAD 153

City
CARPENTER

State
WY

Zip Code
82054-9504

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1027.60

Date of Receipt

10 / 16 / 2019

Transaction ID : SA11A.83092509

Amount of Each Receipt this Period

5.00

☐ Memo Item
 CONTRIBUTION

EARMARKED FROM WINRED

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

C. 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 ▼

5632068.54

Date of Receipt

10 / 16 / 2019

Transaction ID : SA11C.83091792274903

Amount of Each Receipt this Period

35.00

☒ Memo Item
 CONTRIBUTION

**TOTAL EARMARKED THROUGH CONDUIT. PAC
 LIMIT NOT AFFECTED**

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

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

5.00