

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1332 OF 79583

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

8907172.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2019

**Transaction ID : SA11C.833083323716**

Amount of Each Receipt this Period

10.00

☒ Memo Item  
 CONTRIBUTION
TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED

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

**B. SZABO, MARIANNA, , MS.,**

Mailing Address 9700 N WILLOW AVE

City  
TAMPAState  
FLZip Code  
33612-7762FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
MID-FLORIDA PATHOLOGYOccupation (for Individual)  
PATHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1897.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2019

**Transaction ID : SA11A.83332800**

Amount of Each Receipt this Period

10.00

☐ 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  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

8907172.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2019

**Transaction ID : SA11C.833083323717**

Amount of Each Receipt this Period

45.00

☒ Memo Item  
 CONTRIBUTION
TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED**SUBTOTAL** of Receipts This Page (optional)..... ►

10.00

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