

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

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

FOR LINE NUMBER: PAGE 20405 OF 79583

(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. WEBB, LINDA, R., MRS.,**

Mailing Address 31 RIVER DR.

City  
TEQUESTA

State  
FL

Zip Code  
33469-1950

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WEBB BUILDERS

Occupation (for Individual)  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1735.00

Date of Receipt

11 / 22 / 2019

**Transaction ID : SA11A.83857463**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

**B. 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 ▼

8907172.21

Date of Receipt

11 / 22 / 2019

**Transaction ID : SA11C.83852869189312**

Amount of Each Receipt this Period

50.00

☒ Memo Item  
CONTRIBUTION

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED

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

**C. ROBINSON, LINDA, , ,**

Mailing Address 294 N SPRUCE

City  
MANTENO

State  
IL

Zip Code  
60950-8405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PALOS HEALTH

Occupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

438.50

Date of Receipt

11 / 22 / 2019

**Transaction ID : SA11A.83857467**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

150.00