

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

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

FOR LINE NUMBER: PAGE 3706 OF 20203

(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 P.O. 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 ▼

10196580.49

Date of Receipt

03 / **06** / **2020**

Transaction ID : **SA11C.8693584777473**

Amount of Each Receipt this Period

45.00

☒ Memo Item
 CONTRIBUTION

TOTAL EARMARKED THROUGH CONDUIT. PAC
 LIMIT NOT AFFECTED

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

B. ROBERGE, MICHAEL, , MR.,

Mailing Address 51 WILD DUNES WAY NO4

City
OLD ORCHARD BEACH

State
ME

Zip Code
04064-4148

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 ▼

634.00

Date of Receipt

03 / **06** / **2020**

Transaction ID : **SA11A.86937617**

Amount of Each Receipt this Period

45.00

☐ Memo Item
 CONTRIBUTION

EARMARKED FROM WINRED

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

C. WINRED

Mailing Address P.O. 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 ▼

10196580.49

Date of Receipt

03 / **06** / **2020**

Transaction ID : **SA11C.8693584777476**

Amount of Each Receipt this Period

50.00

☒ 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).....▶

45.00