

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

FOR LINE NUMBER: PAGE 6740 OF 20203

(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 P.O. 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 ▼

10196580.49

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |   |   |  |  |
| 0 | 3 |   |   |   |   |   |   | 1 | 2 |   |   | 2 | 0 | 2 | 0 |  |  |

**Transaction ID : SA11C.87104995156350**

Amount of Each Receipt this Period

20.00

☒ 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 ▼

445.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |   |   |  |  |
| 0 | 3 |   |   |   |   |   |   | 1 | 2 |   |   | 2 | 0 | 2 | 0 |  |  |

**Transaction ID : SA11A.87109775**

Amount of Each Receipt this Period

20.00

☐ 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  
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 ▼

10196580.49

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |   |   |  |  |
| 0 | 3 |   |   |   |   |   |   | 1 | 2 |   |   | 2 | 0 | 2 | 0 |  |  |

**Transaction ID : SA11C.87104995156351**

Amount of Each Receipt this Period

20.00

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

20.00

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