

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

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

FOR LINE NUMBER: PAGE 7006 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 / 12 / 2020

Transaction ID : SA11C.87104995158133

Amount of Each Receipt this Period

35.00

☒ Memo Item
 CONTRIBUTION

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

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

B. EVILSIZER, SANDY, KAY, ,

Mailing Address 2834 TWP RD 35

City
ADA

State
OH

Zip Code
45810

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 ▼

347.00

Date of Receipt

03 / 12 / 2020

Transaction ID : SA11A.87111558

Amount of Each Receipt this Period

35.00

☐ 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 / 12 / 2020

Transaction ID : SA11C.87104995158142

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)..... ►

35.00

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