

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

FOR LINE NUMBER: PAGE 13053 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

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

A. MCCLEES, KRISTINA, GEDGAUDAS, DR.,

Mailing Address 33 IVY CHASE NE

City
ATLANTAState
GAZip Code
30342-4500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTH METRO RADIOLOGYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2020

Transaction ID : SA11A.87520115

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 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
03	/	26	/	2020

Transaction ID : SA11C.87516554329258

Amount of Each Receipt this Period

100.00

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

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

C. BALLANTYNE, KRISTINA, , ,

Mailing Address P.O. BOX 807

City
BIG HORNState
WYZip Code
82833-0807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2020

Transaction ID : SA11A.87520116

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00