

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

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

FOR LINE NUMBER: PAGE 8741 OF 61111

(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. CESPED, RICARDO, E., MR.,**

Mailing Address 970 WEDGE COURT

City  
INCLINE VILLAGE

State  
NV

Zip Code  
89451-8947

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 ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2020

Transaction ID : SA11A.88185270

Amount of Each Receipt this Period

250.00

☐ 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  
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 ▼

13989150.71

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2020

Transaction ID : SA11C.88178722189681

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. MCGONNIGAL, RICHARD, , ,**

Mailing Address 1 ST JOHNS PLACE

City  
ORMOND BEACH

State  
FL

Zip Code  
32176-2839

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ORMOND INTERNAL MEDICINE

Occupation (for Individual)  
MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2020

Transaction ID : SA11A.88185273

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).....▶

350.00