

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12029 OF 6111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. CARR, BRANDON, W., MR.,

Mailing Address 79 CUYAHOGA FALLS INDUSTRIAL PARKW

City
PENINSULAState
OHZip Code
44264-9567FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONSTRUCTIONOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2020

Transaction ID : SA11A.88192997

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 ▼

13989150.71

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2020

Transaction ID : SA11C.88192666197564

Amount of Each Receipt this Period

50.00

☒ Memo Item
CONTRIBUTION

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED

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

C. DENNIS, BRENDA, , ,

Mailing Address 1135 WILLOW STREET

City
TROYState
ALZip Code
36081-2416FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TROY UNIVERSITYOccupation (for Individual)
QUALITY CONTROL

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2020

Transaction ID : SA11A.88193000

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶

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

150.00