

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25861 OF 61111

(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 ▼

13989150.71

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	9			2	0	2	0		

Transaction ID : SA11C.88581342360757

Amount of Each Receipt this Period

250.00

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

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

**B. BITTIKOFER, YVONNEA, M., ,**

Mailing Address 402 MCCRAY BOULEVARD

City  
SPRINGBOROState  
OHZip Code  
45066-9100FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
MENTAL HEALTH THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	9			2	0	2	0		

Transaction ID : SA11A.88583735

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

**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 ▼

13989150.71

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	9			2	0	2	0		

Transaction ID : SA11C.88581342360760

Amount of Each Receipt this Period

50.00

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

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

250.00

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