

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26104 OF 61111

☒ 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. KING, BARBARA, J., MS.,

Mailing Address 15 SCALES LANE

City
TOWNSEND

State
MA

Zip Code
01469-1011

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2020

Transaction ID : SA11A.88667691

Amount of Each Receipt this Period

50.00

☐ 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 / 30 / 2020

Transaction ID : SA11C.88666941386951

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. CARROLL RAINES, BARBARA, , MS.,

Mailing Address 15886 Z STREET

City
FREDERICKTOWN

State
OH

Zip Code
43019-9770

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ADVOCATE SOLUTIONS, LLC

Occupation (for Individual)
SOLUTION PROFESSIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

389.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2020

Transaction ID : SA11A.88667694

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)..... ►

100.00