

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WINSTON & STRAWN LLP POLITICAL ACTION COMMITTEE**

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

**A. Melbinger, Michael S, , ,**

Mailing Address 35 West Wacker Drive

City  
Chicago

State  
IL

Zip Code  
60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Winston & Strawn

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY  
09 / 03 / 2019

Transaction ID : SA11AI.32076

Amount of Each Receipt this Period

75.00

☐ Memo Item

Individual Contribution

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

**B. Mills, Thomas, , ,**

Mailing Address 1700 K Street, N.W.

City  
Washington

State  
DC

Zip Code  
20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Winston & Strawn

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
09 / 03 / 2019

Transaction ID : SA11AI.32083

Amount of Each Receipt this Period

100.00

☐ Memo Item

Individual Contribution

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

**C. Reynolds III, Thomas, , ,**

Mailing Address 35 West Wacker Drive

City  
Chicago

State  
IL

Zip Code  
60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Winston & Strawn

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
09 / 03 / 2019

Transaction ID : SA11AI.32077

Amount of Each Receipt this Period

75.00

☐ Memo Item

Individual Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

250.00