

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 4887 OF 16544

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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)

**McConnell Senate Committee**

Full Name (Last, First, Middle Initial)

**Palmieri, Alain, , ,**

**A.**

Mailing Address 16 Ridgewood Avenue

City

Keene

State

NH

Zip Code

03431-2804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Retired

Occupation

retired

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1451.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 29 2020

**Transaction ID : A763150B9ECF4419D8E5**

Amount of Each Receipt this Period

50.00

☐ Memo Item

WinRed EM Recd 3/5/20

Full Name (Last, First, Middle Initial)

**WINRED**

**B.**

Mailing Address PO BOX 9891

City

Arlington

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

**C**

C00694323

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7238425.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 05 2020

**Transaction ID : A2D2F6A4CCC944A05B08**

Amount of Each Receipt this Period

637214.02

☒ Memo Item

Earmark Transmittal Total

Earmark Directed

Full Name (Last, First, Middle Initial)

**Caffaratti, John, , ,**

**C.**

Mailing Address 155 Lincoln Ln

City

Norwich

State

OH

Zip Code

43767-9724

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

John Caffaratti

Occupation

Physician

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 25 2020

**Transaction ID : A76351DB30301486BBE0**

Amount of Each Receipt this Period

50.00

☐ Memo Item

WinRed EM Recd 3/5/20

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

100.00

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