

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 456 OF 7612

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <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 | | | |

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. SEAGRAM, MIKE, , MR.,

Mailing Address 12003 SHIRESTONE L

City
DALLASState
TXZip Code
75244-7740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IBMOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | | 03 | | 2020 |

Transaction ID : SA11A.85041098

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

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 ▼

3659325.10

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | | 03 | | 2020 |

Transaction ID : SA11C.8501145081579

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

C. REILLY, MIKE, , ,

Mailing Address 9117 SHERIDAN

City
BROOKFIELDState
ILZip Code
60513-1544FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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 |
| 01 | | 03 | | 2020 |

Transaction ID : SA11A.85041118

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00