

# **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)

**NRCC**

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

## **A. WINRED**

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 (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12726434.18

Date of Receipt

**03** / **05** / **2020**

**Transaction ID : SA11C.1915828414027**

Amount of Each Receipt this Period

50.00

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

## **B. PELLMAN, CARL, M., DR., M.D.**

Mailing Address 151 WEST 93 ST

City  
NEW YORK

State  
NY

Zip Code  
10025-7551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
MOUNT SINAI MEDICAL SERVICES

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

**03** / **05** / **2020**

**Transaction ID : SA11A.19158453**

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

## **C. WINRED**

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 (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

12726434.18

Date of Receipt

**03** / **05** / **2020**

**Transaction ID : SA11C.1915828414029**

Amount of Each Receipt this Period

50.00

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

50.00