

# **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** / **09** / **2020**

**Transaction ID : SA11C.1917759733536**

Amount of Each Receipt this Period

15.00

☒ 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. SZABO, MARIANNA, , ,**

Mailing Address 9700 N WILLOW AVE

City  
TAMPA

State  
FL

Zip Code  
33612-7762

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
MID-FLORIDA PATHOLOGY

Occupation (for Individual)  
PATHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

**03** / **09** / **2020**

**Transaction ID : SA11A.19178425**

Amount of Each Receipt this Period

15.00

☐ 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** / **09** / **2020**

**Transaction ID : SA11C.1917759733551**

Amount of Each Receipt this Period

5.00

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

15.00

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