

# **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  
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NAME OF COMMITTEE (In Full)

**BROTHERHOOD OF RAILROAD SIGNALMEN POLITICAL ACTION COMMITTEE**

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

**A. Morris, Rob, A, ,**

Mailing Address 19422 E 1050th Rd

City  
Marshall

State  
IL

Zip Code  
62441

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CSXT

Occupation (for Individual)

Signalman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2020

**Transaction ID : SA11AI.40117**

Amount of Each Receipt this Period

330.00

☐ Memo Item  
Quarterly Payroll Deduction

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

**B. Mullins, Kurt, , ,**

Mailing Address 408 Welty Street

City  
Pandora

State  
OH

Zip Code  
45877

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NS

Occupation (for Individual)

Signalman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

**Transaction ID : SA11AI.40184**

Amount of Each Receipt this Period

160.00

☐ Memo Item  
Monthly Payroll Contribution

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

**C. Norman, Quinn, , ,**

Mailing Address 917 Shenandoah Shores Road

City  
Front Royal

State  
VA

Zip Code  
22630

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brotherhood of Railroad Signal

Occupation (for Individual)

Grand Lodge Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

**Transaction ID : SA11AI.40186**

Amount of Each Receipt this Period

80.00

☐ Memo Item  
Monthly Payroll Contribution

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

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

570.00