

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

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

FOR LINE NUMBER: PAGE 14 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Harris County Republican Party Federal Committee

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

A. Miller, Sid, , ,

Mailing Address 6407 S. U.S. Highway 377

City
Stephenville

State
TX

Zip Code
76401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Dept. of Agriculture

Occupation (for Individual)
Commissioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2019

Transaction ID : SA11AI.19794

Amount of Each Receipt this Period

277.92

☐ Memo Item
Contribution

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

B. Mitby, Steve, , ,

Mailing Address 8311 Ramblebrook Ct

City
Humble

State
TX

Zip Code
77396

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AZA Law

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2019

Transaction ID : SA11AI.19955

Amount of Each Receipt this Period

415.00

☐ Memo Item
Contribution

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

C. Morris, Milinda, , ,

Mailing Address 7310 Sandpiper Dr.

City
Houston

State
TX

Zip Code
77074

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UT Health

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2019

Transaction ID : SA11AI.19734

Amount of Each Receipt this Period

350.00

☐ Memo Item
Contribution

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

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

1042.92