

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7319 OF 12646

(check only one)

<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. MORIN, GLENN, VERNON, MR.,

Mailing Address 3402 HEMMETER RD

City
SAGINAWState
MIZip Code
48603-2026FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	2	0

Transaction ID : SA11A.86258270

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

B. MORRISON, GARY, , MR.,

Mailing Address 14989 N ZAPATA DR.

City
FOUNTAIN HILLSState
AZZip Code
85268-1613FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	2	0

Transaction ID : SA11A.86254130

Amount of Each Receipt this Period

110.00

☐ Memo Item
 CONTRIBUTION

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

C. MORRISON, ROBIN, , ,

Mailing Address P.O. BOX 171

City
ALBURNETTState
IAZip Code
52202-0171FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ENTREPRENEUR

Occupation (for Individual)

ENTREPRENEUR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	2	0

Transaction ID : SA11A.86214069

Amount of Each Receipt this Period

110.00

☐ Memo Item
 CONTRIBUTION

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

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

320.00