

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

FOR LINE NUMBER: PAGE 18571 OF 79583

(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
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NAME OF COMMITTEE (In Full)

**REPUBLICAN NATIONAL COMMITTEE**

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

**A. MORRAZ, LILIA, , MRS.,**

Mailing Address 23101 SW 120 AVE

City  
MIAMIState  
FLZip Code  
33170-7524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
INV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.55

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	21	2019

**Transaction ID : SA11A.83862416**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC 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 ▼

8907172.21

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	21	2019

**Transaction ID : SA11C.83851516182602**

Amount of Each Receipt this Period

45.00

☒ Memo Item  
CONTRIBUTION
TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED

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

**C. MARTINEZ, LINDA, EARLY, MRS.,**

Mailing Address 10625 LAKE VIEW TRAIL

City  
QUINLANState  
TXZip Code  
75474-6130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THRIVESPCOccupation (for Individual)  
R.N.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

216.25

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	21	2019

**Transaction ID : SA11A.83862419**

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

145.00