

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MORAN VICTORY COMMITTEE**A.** Full Name (Last, First, Middle Initial)
CHANDLER, CHARLIE, , ,

Mailing Address 8200 KILLARNEY CT

City
WICHITAState
KSZip Code
67206FEC ID number of contributing
federal political committee.

C

Name of Employer
INTRUST BANKOccupation
BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
08		07		2019

Transaction ID : SA11AI.6626

Amount of Each Receipt this Period

500.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)
CLARKE, CARLISLE, , ,

Mailing Address 118 10TH STREET SOUTEAST

City
WASHINGTONState
DCZip Code
20003FEC ID number of contributing
federal political committee.

C

Name of Employer
VAN SCOYOC ASSOCIATESOccupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		23		2019

Transaction ID : SA11AI.6810

Amount of Each Receipt this Period

500.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)
CLIFFORD, WILLIAM, , ,

Mailing Address 102 DRURY LANE

City
GARDEN CITYState
KSZip Code
67846FEC ID number of contributing
federal political committee.

C

Name of Employer
FRY EYE ASSOCIATESOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		26		2019

Transaction ID : SA11AI.6831

Amount of Each Receipt this Period

500.00

☐ Memo Item

1500.00

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