

# **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)

PAGE 48 OF 165

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MCCARTHY VICTORY FUND**

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

**A. MORAN, THOMAS, , ,**

Mailing Address 1 NORTH FRANKLIN STREET  
 SUITE 700

City  
 CHICAGO

State  
 IL

Zip Code  
 60606

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 MORAN & COMPANY

Occupation (for Individual)  
 CO-CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

08 / 01 / 2019

Transaction ID : A16B8EEABD33244959CB

Amount of Each Receipt this Period

2800.00

☐ Memo Item

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

**B. MORTON, MICHAEL, , ,**

Mailing Address 415 ROGERS AVE

City  
 FORT SMITH

State  
 AR

Zip Code  
 72901-1903

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 CENTRAL ARKANSAS NURSING CENTER

Occupation (for Individual)  
 OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 29 / 2019

Transaction ID : A1853B81EE1B04F2FA87

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**C. MOSKOWITZ, JAY, , ,**

Mailing Address 33 SOUTHMOOR DR

City  
 DENVER

State  
 CO

Zip Code  
 80220-5930

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 PLUM HEALTHCARE GROUP LLC

Occupation (for Individual)  
 CHIEF CLINICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

08 / 29 / 2019

Transaction ID : A1FC51BBC89164725AED

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

10300.00