

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

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

FOR LINE NUMBER: PAGE 2042 OF 27511

(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)

**REPUBLICAN NATIONAL COMMITTEE**

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

**A. MORRIS, LYNN, , MRS.,**

Mailing Address 9265 CALLAWAY COURT

City  
DENTON

State  
TX

Zip Code  
76207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2019

Transaction ID : SA11A.81733578

Amount of Each Receipt this Period

42.00

☐ Memo Item  
CONTRIBUTION

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

**B. MORRIS, MARIA, , ,**

Mailing Address 2021 S PENINSULA DR.

City  
DAYTONA BEACH

State  
FL

Zip Code  
32118-5227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2019

Transaction ID : SA11A.81733889

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. MORRIS, MARILYN, E., MRS.,**

Mailing Address 576 KINGFISHER CIR

City  
BRICK

State  
NJ

Zip Code  
08723-5538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

223.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2019

Transaction ID : SA11A.81737439

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

142.00