

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

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

FOR LINE NUMBER: PAGE 3800 OF 7612

(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. MORAN, DAVID, L., MR.,**

Mailing Address P.O. BOX 405

City  
JACKSON

State  
NH

Zip Code  
03846

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 17 / 2020

**Transaction ID : SA11A.85282708**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. MORGAN, P., J., MR.,**

Mailing Address 11124 PIERCE PLZ

City  
OMAHA

State  
NE

Zip Code  
68144-1865

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
P.J. MORGAN REAL ESTATE

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 17 / 2020

**Transaction ID : SA11A.85280799**

Amount of Each Receipt this Period

275.00

☐ Memo Item  
CONTRIBUTION

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

**C. MORRIS, THOMAS, , MR.,**

Mailing Address 10321 VIA ANACAPRI CT

City  
MIROMAR LAKES

State  
FL

Zip Code  
33913-7783

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 17 / 2020

**Transaction ID : SA11A.85301352**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

5525.00