

10 FEB 19 AM 11:00

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

ADDRESS (number and street) 425 2ND STREET NE

Check if different than previously reported. (ACC) WASHINGTON DC 20002

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00027466

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
July 15 Quarterly Report(Q2)
October 15 Quarterly Report(Q3)
January 31 Quarterly Report(YE)
July 31 Mid-Year Report(Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11)
Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12)
Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R)
Convention (12C), Special (12G)

Election on in the State of

- (d) 30-Day Post-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on in the State of

5. Covering Period 01 01 2010 through 01 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jay Banning

Signature of Treasurer Date 02 19 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

FEC FORM 3X (Rev. 12/2004)

100020170001

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date									
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		<table border="1"><tr><td>8308123.61</td></tr></table>	8308123.61
Y	Y	Y	Y								
2	0	1	0								
8308123.61											
(b) Cash on Hand at Beginning of Reporting Period	<table border="1"><tr><td>8308123.61</td></tr></table>	8308123.61									
8308123.61											
(c) Total Receipts (from Line 19)	<table border="1"><tr><td>5013023.13</td></tr></table>	5013023.13	<table border="1"><tr><td>5013023.13</td></tr></table>	5013023.13							
5013023.13											
5013023.13											
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1"><tr><td>13321146.74</td></tr></table>	13321146.74	<table border="1"><tr><td>13321146.74</td></tr></table>	13321146.74							
13321146.74											
13321146.74											
7. Total Disbursements (from Line 31)	<table border="1"><tr><td>2689835.97</td></tr></table>	2689835.97	<table border="1"><tr><td>2689835.97</td></tr></table>	2689835.97							
2689835.97											
2689835.97											
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1"><tr><td>10631310.77</td></tr></table>	10631310.77	<table border="1"><tr><td>10631310.77</td></tr></table>	10631310.77							
10631310.77											
10631310.77											
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1"><tr><td>0.00</td></tr></table>	0.00									
0.00											
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1"><tr><td>0.00</td></tr></table>	0.00									
0.00											

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

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**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1792292.00	1792292.00
(ii) Unitemized	2380950.34	2380950.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4173242.34	4173242.34
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	831600.00	831600.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	5004842.34	5004842.34
12. Transfers From Affiliated/Other Party Committees	1309.39	1309.39
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	6871.40	6871.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5013023.13	5013023.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5013023.13	5013023.13

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DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2164100.31	2164100.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2164100.31	2164100.31
22. Transfers to Affiliated/Other Party Committees.....	500000.00	500000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21300.00	21300.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	2985.66	2985.66
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	1450.00	1450.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	1450.00	1450.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2689835.97	2689835.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2689835.97	2689835.97

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	5004842.34	5004842.34
34. Total Contribution Refunds (from Line 28(d))	1450.00	1450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5003392.34	5003392.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2164100.31	2164100.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	6871.40	6871.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2157228.91	2157228.91

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SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ___ of Schedule C

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMM
FEC IDENTIFICATION NUMBER C00027466

LENDING INSTITUTION (LENDER) Full Name CHAIN BRIDGE BANK, NA
Amount of Loan 5000000.00
Interest Rate (APR) 4.00%

Mailing Address 1445-A LAUGHLIN AVE
Date Incurred or Established 12/31/2009
Date Due 12/15/2011
City McLean State VA Zip Code 22101

A. Has loan been restructured? [X] No [] Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred? [X] No [] Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? [] No [X] Yes If yes, specify: DEPOSIT ACCOUNTS / DONOR LIST
What is the value of this collateral? 5000000.00
Does the lender have a perfected security interest in it? [] No [X] Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? [X] No [] Yes If yes, specify:
What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
Location of account:
Date account established:
Address:
City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name JAY C. BANNING ASSISTANT TREAS. DATE 01/19/2010
Signature [Signature]

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name DAVID M. EVINGER DATE 01/19/2010
Signature [Signature] Title Executive Vice President

10020170006

LOAN NUMBER	LOAN NAME	ACCT. NUMBER	AGREEMENT DATE	INITIALS
700000814	National Republican Senatorial Committee		12/15/09	DME
NOTE AMOUNT	INDEX (w/Margin)	RATE	MATURITY DATE	LOAN PURPOSE
\$5,000,000.00	Not Applicable	4.0%	12/15/11	Commercial
Creditor Use Only				

COMMERCIAL LOAN AGREEMENT

Revolving Draw Loan

DATE AND PARTIES. The date of this Commercial Loan Agreement (Agreement) is December 15, 2009. The parties and their addresses are as follows:

LENDER:

CHAIN BRIDGE BANK, N.A.
1445-A Laughlin Avenue
McLean, VA 22101-5737

BORROWER:

NATIONAL REPUBLICAN SENATORIAL COMMITTEE
a District Of Columbia Unincorporated Non-Profit Association and a federal political campaign committee registered with the Federal Election Commission
425 2nd Street, NE
Washington, DC 20002

1. DEFINITIONS. For the purposes of this Agreement, the following terms have the following meanings.

- A. **Accounting Terms.** In this Agreement, any accounting terms that are not specifically defined will have their customary meanings under generally accepted accounting principles.
- B. **Insiders.** Insiders include those defined as insiders by the United States Bankruptcy Code, as amended; or to the extent left undefined, include without limitation any officer, employee, stockholder or member, director, partner, or any immediate family member of any of the foregoing, or any person or entity which, directly or indirectly, controls, is controlled by or is under common control with me.
- C. **Loan.** The Loan refers to this transaction generally, including obligations and duties arising from the terms of all documents prepared or submitted for this transaction.
- D. **Loan Documents.** Loan Documents refer to all the documents executed as a part of or in connection with the Loan.
- E. **Pronouns.** The pronouns "I", "me" and "my" refer to every Borrower signing this Agreement, individually or together. "You" and "your" refers to the Loan's lender.
- F. **Property.** Property is any property, real, personal or intangible, that secures my performance of the obligations of this Loan.

2. ADVANCES. Advances under this Agreement are made according to the following terms and conditions.

- A. **Multiple Advances - Revolving.** In accordance with the terms of this Agreement and other Loan Documents, you will extend to me and I may from time to time borrow, repay, and reborrow, one or more advances. The amount of advances will not exceed \$5,000,000.00 (Principal).
- B. **Requests for Advances.** My requests are a warranty that I am in compliance with all the Loan Documents. When required by you for a particular method of advance, my requests for an advance must specify the requested amount and the date and be accompanied with any agreements, documents, and instruments that you require for the Loan. Any payment by you of any check, share draft or other charge may, at your option, constitute an advance on the Loan to me. All advances will be made in United States dollars. I will indemnify you and hold you harmless for your reliance on any request for advances that you reasonably believe to be genuine. To the extent permitted by law, I will indemnify you and hold you harmless when the person making any request represents that I authorized this person to request an advance even when this person is unauthorized or this person's signature is not genuine.

I or anyone I authorize to act on my behalf may request advances by the following methods.

- (1) All requests for advance must be in writing and signed by an authorized officer. The Borrower may submit these requests by facsimile or email.

C. Advance Limitations. In addition to any other Loan conditions, requests for, and access to, advances are subject to the following limitations.

- (1) **Obligatory Advances.** You will make all Loan advances subject to this Agreement's terms and conditions.
- (2) **Minimum Advance.** Subject to the terms and conditions contained in this Agreement, advances will be made in the amount of \$10000.00.
- (3) **Maximum Frequency.** Advances will be made no more frequently than Daily.
- (4) **Cut-Off Time.** Requests for an advance received before 4:00:00 PM will be made on any day that you are open for business, on the day for which the advance is requested.
- (5) **Disbursement of Advances.** On my fulfillment of this Agreement's terms and conditions, you will disburse the advance into my account number 2100102462.
- (6) **Credit Limit.** I understand that you will not ordinarily grant a request for an advance that would cause the unpaid principal of my Loan to be greater than the Principal limit. You may, at your option, grant such a request without obligating yourselves to do so in the future. I will pay any over advances in addition to my regularly scheduled payments. I will repay any over advance by repaying you in full within 10 days after the overdraft occurs.
- (7) **Records.** Your records will be conclusive evidence as to the amount of advances, the Loan's unpaid principal balances and the accrued interest.

D. Conditions. I will satisfy all of the following conditions before you either issue any promissory notes or make any advances under this Agreement.

- (1) **No Default.** There has not been a default under this Agreement or any other Loan Documents nor would a default result from making the Loan or any advance.

10020170007

- (2) Information. You have received all documents, information, certifications and warranties as you may require, all properly executed, if appropriate, on forms acceptable to you.
- (3) Inspections. You have made all inspections that you consider necessary and are satisfied with this inspection.
- (4) Conditions and Covenants. I will have performed and complied with all conditions required for an advance and all covenants in this Agreement and any other Loan Documents.
- (5) Warranties and Representations. The warranties and representations contained in this Agreement are true and correct at the time of making the requested advance.
- (6) Financial Statements. My most recent financial statements and other financial reports, delivered to you, are current, complete, true and accurate in all material respects and fairly represent my financial condition.
- (7) Bankruptcy Proceedings. No proceeding under the United States Bankruptcy Code has been commenced by or against me or any of my affiliates.

E. Additional Conditions. All advances must be in writing and signed by an authorized officer.

3. MATURITY DATE. I agree to fully repay the Loan by December 15, 2011.

4. WARRANTIES AND REPRESENTATIONS. I represent and warrant that I have the right and authority to enter into this Agreement. The execution and delivery of this Agreement will not violate any agreement governing me or to which I am a party.

- A. Hazardous Substances. Except as I previously disclosed in writing and you acknowledge in writing, no Hazardous Substance, underground tanks, private dumps or open wells are currently located at, on, in, under or about the Property.
- B. Use of Property. After diligent inquiry, I do not know or have reason to know that any Hazardous Substance has been discharged, leached or disposed of, in violation of any Environmental Law, from the property onto, over or into any other property, or from any other property onto, over or into the property.
- C. Environmental Laws. I have no knowledge or reason to believe that there is any pending or threatened investigation, claim, judgment or order, violation, lien, or other notice under any Environmental Law that concerns me or the property. The property and any activities on the property are in full compliance with all Environmental Law.
- D. Loan Purpose. This is a business-purpose loan transaction.
- E. No Other Liens. I own or lease all property that I need to conduct my business and activities. I have good and marketable title to all property that I own or lease. All of my Property is free and clear of all liens, security interests, encumbrances and other adverse claims and interests, except those to you or those you consent to in writing.
- F. Compliance With Laws. I am not violating any laws, regulations, rules, orders, judgments or decrees applicable to me or my property, except for those which I am challenging in good faith through proper proceedings after providing adequate reserves to fully pay the claim and its challenge should I lose.
- G. Legal Disputes. There are no pending or threatened lawsuits, arbitrations or other proceedings against me or my property that singly or together may materially and adversely affect my property, operations, financial condition, or business.
- H. Adverse Agreements. I am not a party to, nor am I bound by, any agreement that is now or is likely to become materially adverse to my business, Property or operations.
- I. Other Claims. There are no outstanding claims or rights that would conflict with the execution, delivery or performance by me of the terms and conditions of this Agreement or the other Loan Documents. No outstanding claims or rights exist that may result in a lien on the Property, the Property's proceeds and the proceeds of proceeds, except liens that were disclosed to and agreed to by you in writing.
- J. Solvency. I am able to pay my debts as they mature, my assets exceed my liabilities and I have sufficient capital for my current and planned business and other activities. I will not become insolvent by the execution or performance of this Loan.
- K. Tax Status. At the time of closing the loan, any grant of federal tax status as a nonprofit organization is current and has not been terminated, either by my action or inadvertently.
- L. Additional Representation or Warranty. Mailing Lists. All of my mailing lists are maintained by Campaign Mail & Data, Inc., and I have granted you access to all of my mailing lists through an agreement with Campaign Mail & Data, Inc.

1.

5. FINANCIAL STATEMENTS. I will prepare and maintain my financial records using consistently applied generally accepted accounting principles then in effect. I will provide you with financial information in a form that you accept and under the following terms.

- A. Certification. I represent and warrant that any financial statements that I provide you fairly represents my financial condition for the stated periods, is current, complete, true and accurate in all material respects, includes all of my direct or contingent liabilities and there has been no material adverse change in my financial condition, operations or business since the date the financial information was prepared.
- B. Frequency. Annually, I will provide to you my financial statements, tax returns, annual internal audit reports or those prepared by independent accountants as soon as available or at least within 180 days after the close of each of my fiscal years. Any annual financial statements that I provide you will be audited statements.
 - (1) Interim Financial Reports. Each fiscal quarter, I will provide to you my financial statements, internal audit reports or those prepared by independent accountants, tax reports, statements of cash flow, budgets and forecasts, certificates and schedules of Property as soon as available or at least within 45 days after the close of this business period. Any interim financial statements that I provide you will be prepared statements.
- C. SEC Reports. I will provide you with true and correct copies of all reports, notices or statements that I provide to the Securities and Exchange Commission, any securities exchange or my stockholders, owners, or the holders of any material indebtedness as soon as available or at least within 10 days after issuance.
- D. Requested Information. I will provide you with any other information about my operations, financial affairs and condition within 10 days after your request.
- E. Additional Financial Statements Term. You agree by your signature below that Section 2(D)(7) is amended and replaced with the following: I will provide you with any other reasonable information about my operations, financial affairs and condition within 10 days after your request.

1A

1B

F. Notwithstanding the provisions of Section 5(B)(1), you agree that (i) I will not be in default under this agreement if in lieu of the financial statements described in Section 5(B)(1), I provide you with a summary of the monthly reports filed by me with the Federal Election Commission and (ii) while no amounts are outstanding under the Loan I will not be required to provide you with the financial statements required by Section 5(B)(1) unless your auditors, examiners or a participant bank request such financial statements. Notwithstanding the preceding sentence, you will not be required to make any advance under this Agreement unless, at least one business day before the date of such advance, I have provided you with the financial statements described in Section 5(B)(1) or a summary of the monthly reports filed by me with the Federal Election Commission.

6. COVENANTS. Until the Loan and all related debts, liabilities and obligations are paid and discharged, I will comply with the following terms, unless you waive compliance in writing.

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A. Participation. I consent to you participating or syndicating the Loan and sharing any information that you decide is necessary about me and the Loan with the other participants or syndicators.

B. Inspection. Following your written request, I will immediately pay for all one-time and recurring out-of-pocket costs that are related to the Inspection of my records, business or Property that secures the Loan. Upon reasonable notice, I will permit you or your agents to enter any of my premises and any location where my Property is located during regular business hours to do the following.

- (1) You may inspect, audit, check, review and obtain copies from my books, records, journals, orders, receipts, and any correspondence and other business related data.
- (2) You may discuss my affairs, finances and business with any one who provides you with evidence that they are a creditor of mine, the sufficiency of which will be subject to your sole discretion.
- (3) You may inspect my Property, audit for the use and disposition of the Property's proceeds and proceeds of proceeds; or do whatever you decide is necessary to preserve and protect the Property and your interest in the Property.

After prior notice to me, you may discuss my financial condition and business operations with my independent accountants, if any, or my chief financial officer and I may be present during these discussions. As long as the Loan is outstanding, I will direct all of my accountants and auditors to permit you to examine my records in their possession and to make copies of these records. You will use your best efforts to maintain the confidentiality of the information you or your agents obtain, except you may provide your regulator, if any, with required information about my financial condition, operation and business or that of my parent, subsidiaries or affiliates.

C. Business Requirements. I will preserve and maintain my present existence and good standing in the jurisdiction where I am organized and all of my rights, privileges and franchises. I will do all that is needed or required to continue my business or activities as presently conducted, by obtaining licenses, permits and bonds everywhere I engage in business or activities or own, lease or locate my property. I will obtain your prior written consent before I cease my business or before I engage in any new line of business that is materially different from my present business or before I voluntarily change my federal tax status as a nonprofit organization.

D. Compliance with Laws. I will not violate any laws, regulations, rules, orders, judgments or decrees applicable to me or my Property, except for those which I challenge in good faith through proper proceedings after providing adequate reserves to fully pay the claim and its appeal should I lose. Laws include without limitation the Federal Fair Labor Standards Act requirements for producing goods, the federal Employee Retirement Income Security Act of 1974's requirements for the establishment, funding and management of qualified deferred compensation plans for employees, health and safety laws, environmental laws, tax laws, licensing and permit laws. On your request, I will provide you with written evidence that I have fully and timely paid my taxes, assessments and other governmental charges levied or imposed on me, my income or profits and my property. Taxes include without limitation sales taxes, use taxes, personal property taxes, documentary stamp taxes, recordation taxes, franchise taxes, income taxes, withholding taxes, FICA taxes and unemployment taxes. I will adequately provide for the payment of these taxes, assessments and other charges that have accrued but are not yet due and payable.

E. New Organizations. I will obtain your written consent before organizing, merging into, or consolidating with an entity; acquiring all or substantially all the assets of another; materially changing the legal structure, management, ownership or financial condition; or effecting or entering into a domestication, conversion or interest exchange.

F. Dealings with Insiders. I will not purchase, acquire or lease any property or services from, or sell, provide or lease any property or services to, or permit any outstanding loans or credit extensions to, or otherwise deal with, any Insiders except as required under contracts existing at the time I applied for the Loan and approved by you or as this Agreement otherwise permits. I will not change or breach these contracts existing at Loan application so as to cause an acceleration of or an increase in any payments due.

G. Other Debts. I will pay when due any and all other debts owed or guaranteed by me and will faithfully perform, or comply with all the conditions and obligations imposed on me concerning the debt or guaranty.

H. Other Liabilities. I will not incur, assume or permit any debt evidenced by notes, bonds or similar obligations, except: debt up to \$250,000 in total purchase money loan or credit extensions; debt up to \$250,000 in total non-purchase money loan or credit extensions; debt in existence on the date of this Agreement and fully disclosed to you; debt subordinated in payment to you on conditions and terms acceptable to you; accounts payable incurred in the ordinary course of my business and paid under customary trade terms or contested in good faith with reserves satisfactory to you.

I. Notice to You. I will promptly notify you of any material change in my financial condition, of the occurrence of a default under the terms of this Agreement or any other Loan Document, or a default by me under any agreement between me and any third party which materially and adversely affects my property, operations, financial condition or business.

J. Certification of No Default. On your request, my chief financial officer or my independent accountant will provide you with a written certification that to the best of their knowledge no event of default exists under the terms of this Agreement or the other Loan Documents, and that there exists no other action, condition or event which with the giving of notice or lapse of time or both would constitute a default. As requested, my chief financial officer or my independent accountant will also provide you with computations demonstrating compliance with any financial covenants and ratios contained in this Agreement. If an action, condition or event of default does exist, the certificate must accurately and fully disclose the extent and nature of this action, condition or event and state what must be done to correct it.

K. Use of Loan Proceeds. I will not permit the loan proceeds to be used to purchase, carry, reduce, or retire any loan originally incurred to purchase or carry any margin stock or otherwise cause the Loan to violate Federal Reserve Board Regulations U or X, or Section 8 of the Securities and Exchange Act of 1934 and its regulations, as amended.

L. Dispose of No Assets. Without your prior written consent or as the Loan Documents permit, I will not sell, lease, assign, transfer, dispose of or otherwise distribute all or substantially all of my assets to any person other than in the ordinary course of business for the assets' depreciated book value or more.

M. No Other Liens. I will not create, permit or suffer any lien or encumbrance upon any of my properties for or by anyone, other than you, except for: nonconsensual liens imposed by law arising out of the ordinary course of business on obligations that are not overdue or which I am contesting in good faith after making appropriate reserves; valid purchase money security interests on personal property; or any other liens specifically agreed to by you in writing.

N. Guaranties. I will not guaranty or become liable in any way as surety, endorser (other than as endorser of negotiable instruments in the ordinary course of business) or accommodation endorser or otherwise for the debt or obligations of any other person or entity, except to you or as you otherwise specifically agree in writing.

O. No Default under Other Agreements. I will not allow to occur, or to continue unremedied, any act, event or condition which constitutes a default, or which, with the passage of time or giving of notice, or both, would constitute a default under any agreement, document, instrument or undertaking to which I am a party or by which I may be bound.

P. Legal Disputes. I will promptly notify you in writing of any threatened or pending lawsuit, arbitration or other proceeding against me or any of my property, not identified in my financial statements, whose claim exceeds \$100,000 or that singly or together with other proceedings may materially and adversely affect my property, operations, financial condition or business. I will use my best efforts to bring about a favorable and speedy result of any of these lawsuits, arbitrations or other proceedings.

Q. Other Notices. I will immediately provide you with any information that may materially and adversely affect my ability to perform this Agreement and of its anticipated effect.

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R. Loan Obligations. I will make full and timely payment of all principal and interest obligations, and comply with the other terms and agreements contained in this Agreement and in the other Loan Documents.

S. Insurance. I will obtain and maintain insurance with insurers, in amounts and coverages that are acceptable to you and customary with industry practice. This may include without limitation insurance policies for public liability, fire, hazard and extended risk, workers compensation, and, at your request, business interruption and/or rent loss insurance. At your request, I will deliver to you certified copies of all of these insurance policies, binders or certificates. I will obtain and maintain a mortgagee or lender loss payee endorsement for you when these endorsements are available. I will immediately notify you of cancellation or termination of insurance. I will require all insurance policies to provide you with at least 10 days prior written notice to you of cancellation or modification. I consent to you using or disclosing information relative to any contract of insurance required by the Loan for the purpose of replacing this insurance. I also authorize my insurer and you to exchange all relevant information related to any contract of insurance required by any document executed as part of this Loan.

T. Property Maintenance. I will keep all tangible and intangible property that I consider necessary or useful in my business in good working condition by making all needed repairs, replacements and improvements and by making all rental, lease or other payments due on this property.

U. Property Loss. I will immediately notify you, and the insurance company when appropriate, of any material casualty, loss or depreciation to the Property or to my other property that affects my business.

V. Accounts Receivable Collection. I will collect and otherwise enforce all of my unpaid Accounts Receivable at my cost and expense, until you end my authority to do so, which you may do at any time to protect your best interests. I will not sell, assign or otherwise dispose of any Accounts Receivable without your written consent. I will not commingle the Accounts Receivable proceeds with any of my other property.

W. Loan Balance. I will pay down this revolving draw Loan's outstanding Principal to \$0 for thirty (30) consecutive days during each consecutive twelve (12) month period.

X. Reserves. You may set aside and reserve Loan proceeds for Loan interest, fees and expenses, taxes, and insurance. I grant you a security interest in the reserves.

No interest will accrue on any reserve Loan proceeds. Disbursement of reserves is disbursement of the Loan's proceeds. At my request, you will disburse the reserves for the purpose they were set aside for, as long as I am not in default under this Agreement. You may directly pay these reserved items, reimburse me for payments I made, or reduce the reserves and increase the Loan proceeds available for disbursement.

Y. Deposit Accounts. I will maintain substantially all of my demand deposit/operating accounts with you.

Z. Additional Taxes. I will pay all filing and recording costs and fees, including any recordation, documentary or transfer taxes or stamps, that are required to be paid with respect to this Loan and any Loan Documents.

2. AA. Additional Covenants. If an agreement with CMDI is not in effect, I will provide you with an updated electronic copy of all my mailing lists every three months or as reasonably requested by you.

3. BB. I will remain in compliance with all Federal Election Commission (FEC) laws and regulations.

4. CC. Prior to the first advance, I will provide you with either UCC Insurance or an opinion letter from outside counsel, both reasonably acceptable to you.

5. DD. Prior to the first advance, I will provide you with evidence that all outstanding security interests and financing statements have been terminated.

6. EE. Notwithstanding the provisions of Section 6(B) above, by your signature below, you agree that (i) any inspection and audit rights contained therein will be reasonable and made in compliance with applicable law and (ii) that you will request reimbursement for any out-of-pocket costs under such section unless a default hereunder has occurred.

7. FF. Notwithstanding the provisions of Section 6(B)(2), you agree not to exercise any rights under this section unless I am in default under this Agreement.

8. GG. Notwithstanding the provisions of Section 6(E) above, by your signature below, you agree that the provisions of such section shall not prevent me from entering into a Joint Fundraising Activity in the ordinary course of business.

9. HH. Notwithstanding the provisions of Section 6(H) above, such provision does not require me to provide reserves satisfactory to you.

10. II. Notwithstanding the provisions of Section 6(P) above, by your signature below, you agree that I shall only notify you of written lawsuits, arbitration or other proceedings against me or any of my property.

11. JJ. Notwithstanding the first sentence of Section 6(X), you agree that if I am not in default under this Agreement that you will not set aside any reserves to the extent solely permitted by such sentence.

7. DEFAULT. I will be in default if any of the following occur:

A. Payments. I fail to make a payment in full when due.

B. Insolvency or Bankruptcy. The death, dissolution or insolvency of, appointment of a receiver by or on behalf of, application of any debtor relief law, the assignment for the benefit of creditors by or on behalf of, the voluntary or involuntary termination of existence by, or the commencement of any proceeding under any present or future federal or state insolvency, bankruptcy, reorganization, composition or debtor relief law by or against me or any co-signer, endorser, surety or guarantor of this Agreement or any other obligations I have with you.

C. Failure to Perform. I fail to perform any condition or to keep any promise or covenant of this Agreement.

D. Other Documents. A default occurs under the terms of any other Loan Document.

E. Other Agreements. I am in default on any other debt or agreement I have with you.

F. Misrepresentation. I make any verbal or written statement or provide any financial information that is untrue, inaccurate, or conceals a material fact at the time it is made or provided.

G. Judgment. I fail to satisfy or appeal any judgment against me.

H. Forfeiture. The Property is used in a manner or for a purpose that threatens confiscation by a legal authority.

I. Name Change. I change my name or assume an additional name without notifying you before making such a change.

J. Property Transfer. I transfer all or a substantial part of my money or property.

K. Property Value. You determine in good faith that the value of the Property has declined or is impaired.

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- L. Insecurity. You determine in good faith that a material adverse change has occurred in my financial condition from the conditions set forth in my most recent financial statement before the date of this Agreement or that the prospect for payment or performance of the Loan is impaired for any reason.
- 12. M. Additional Default. In the event of a monetary default, the Bank reserves the right to engage, at the expense of the Borrower, an independent third-party accounting firm to perform a field exam for the purposes of testing and verifying the collateral that secures the loan, specifically the mailing list.
- 13. N. Notwithstanding the provisions of Section 7(I) above, by your signature below, you agree that the provisions of such section shall not create a default solely as a result of my entering into or doing business as part of a Joint Finance Committee in the ordinary course of business.
- 14. O. Notwithstanding the provisions of Section 7(J) above, by your signature below you agree that such section shall only apply to assets that constitute either real estate or property described in Schedule A to the Security Agreement.
- 15. P. Notwithstanding the provisions of Section 7(K) above, by your signature below, you agree that the provisions of such section shall not create a default solely as a result of a decrease in the value of my assets in the ordinary course of business.

8. REMEDIES. After I default, you may at your option do any one or more of the following.

- A. Acceleration. You may make all or any part of the amount owing by the terms of the Loan immediately due. If I am a debtor in a bankruptcy petition or in an application filed under section 5(a)(3) of the Securities Investor Protection Act, the Loan is automatically accelerated and immediately due and payable without notice or demand upon filing of the petition or application.
- B. Sources. You may use any and all remedies you have under state or federal law or in any Loan Document.
- C. Insurance Benefits. You may make a claim for any and all insurance benefits or refunds that may be available on my default.
- D. Payments Made On My Behalf. Amounts advanced on my behalf will be immediately due and may be added to the balance owing under the terms of the Loan, and accrue interest at the highest post-maturity interest rate.
- E. Termination. You may terminate my rights to obtain advances or other extensions of credit by any of the methods provided in this Agreement.
- F. Set-Off. You may use the right of set-off. This means you may set-off any amount due and payable under the terms of the Loan against any right I have to receive money from you.

My right to receive money from you includes any deposit or share account balance I have with you; any money owed to me on an item presented to you or in your possession for collection or exchange; and any repurchase agreement or other non-deposit obligation. "Any amount due and payable under the terms of the Loan" means the total amount to which you are entitled to demand payment under the terms of the Loan at the time you set-off.

Subject to any other written contract, if my right to receive money from you is also owned by someone who has not agreed to pay the Loan, your right of set-off will apply to my interest in the obligation and to any other amounts I could withdraw on my sole request or endorsement.

Your right of set-off does not apply to an account or other obligation where my rights arise only in a representative capacity. It also does not apply to any Individual Retirement Account or other tax-deferred retirement account.

You will not be liable for the dishonor of any check when the dishonor occurs because you set-off against any of my accounts. I agree to hold you harmless from any such claims arising as a result of your exercise of your right of set-off.

G. Waiver. Except as otherwise required by law, by choosing any one or more of these remedies you do not give up your right to use any other remedy. You do not waive a default if you choose not to use a remedy. By electing not to use any remedy, you do not waive your right to later consider the event a default and to use any remedies if the default continues or occurs again.

- 16. H. Additional Remedy. You agree by your signature below that Section 2(C)(7) is amended and replaced with the following: Your records will be conclusive evidence, absent manifest error, as to the amount of advances, the Loans unpaid principal balances and the accrued interest.
- 17. You agree by your signature below that Section 2(D)(1) is amended and replaced with the following: There has been no continuing default under this Agreement or any other Loan Documents nor would a default result from making the Loan or any advance.
- 18. You agree by your signature below that Section 2(D)(7) is amended and replaced with the following: No proceedings under the United States Bankruptcy Code has been commenced by or against me.

9. COLLECTION EXPENSES AND ATTORNEYS' FEES. On or after Default, to the extent permitted by law, I agree to pay all expenses of collection, enforcement or protection of your rights and remedies under this Agreement or any other Loan Document. Expenses include (unless prohibited by law) reasonable attorneys' fees, court costs, and other legal expenses. These expenses are due and payable immediately. If not paid immediately, these expenses will bear interest from the date of payment until paid in full at the highest interest rate in effect as provided for in the terms of this Loan. All fees and expenses will be secured by the Property I have granted to you, if any. In addition, to the extent permitted by the United States Bankruptcy Code, I agree to pay the reasonable attorneys' fees incurred by you to protect your rights and interests in connection with any bankruptcy proceedings initiated by or against me.

10. APPLICABLE LAW. This Agreement is governed by the laws of Virginia, the United States of America, and to the extent required, by the laws of the jurisdiction where the Property is located, except to the extent such state laws are preempted by federal law. In the event of a dispute, the exclusive forum, venue and place of jurisdiction will be in Virginia, unless otherwise required by law.

11. JOINT AND INDIVIDUAL LIABILITY AND SUCCESSORS. My obligation to pay the Loan is independent of the obligation of any other person who has also agreed to pay it. You may sue me alone, or anyone else who is obligated on the Loan, or any number of us together, to collect the Loan. Extending the Loan or new obligations under the Loan, will not affect my duty under the Loan and I will still be obligated to pay the Loan. You may assign all or part of your rights or duties under this Agreement or the Loan Documents without my consent. If you assign this Agreement, all of my covenants, agreements, representations and warranties contained in this Agreement or the Loan Documents will benefit your successors and assigns. I may not assign this Agreement or any of my rights under it without your prior written consent. The duties of the Loan will bind my successors and assigns.

12. AMENDMENT, INTEGRATION AND SEVERABILITY. This Agreement may not be amended or modified by oral agreement. No amendment or modification of this Agreement is effective unless made in writing and executed by you and me. This Agreement and the other Loan Documents are the complete and final expression of the understanding between you and me. If any provision of this Agreement is unenforceable, then the unenforceable provision will be severed and the remaining provisions will still be enforceable.

13. INTERPRETATION. Whenever used, the singular includes the plural and the plural includes the singular. The section headings are for convenience only and are not to be used to interpret or define the terms of this Agreement.

14. NOTICE, FINANCIAL REPORTS AND ADDITIONAL DOCUMENTS. Unless otherwise required by law, any notice will be given by delivering it or mailing it by first class mail to the appropriate party's address listed in the DATE AND PARTIES section, or to any other address designated in writing. Notice to one Borrower will be deemed to be notice to all Borrowers. I will inform you in writing of any change in my name, address or other application information. I will provide you

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any financial statement or information you request. All financial statements and information I give you will be correct and complete. I agree to sign, deliver, and file any additional documents or certifications that you may consider necessary to perfect, continue, and preserve my obligations under this Loan and to confirm your lien status on any Property. Time is of the essence.

15. SIGNATURES. By signing under seal, I agree to the terms contained in this Agreement. I also acknowledge receipt of a copy of this Agreement.

BORROWER:

National Republican Senatorial Committee

By [Signature] Date 12/4/09 (Seal)
J. Robert Jesmer, Executive Director

LENDER:

Chain Bridge Bank, N.A.

By [Signature] Date 12/7/09 (Seal)
David M. Evinger, Executive Vice President

10020170012

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

PAGE 6 / 689
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee NATIONAL REPUBLICAN SENATORIAL CMTE
If YES, name the designating committee: REPUBLICAN NATIONAL CMTE	Mailing Address 425 2ND ST NE
	City: WASHINGTON State: DC ZIP Code: 20002
Full Name (Last, First, Middle Initial) of Each Payee SEAN CAIRNCROSS	Purpose of Expenditure TRAVEL Category/Type
Mailing Address 425 2ND ST., NE	Date MM / DD / YYYY 01 / 27 / 2010
City: WASHINGTON State: DC ZIP Code: 20002	Amount 846.06
Name of Federal Candidate Supported: SCOTT BROWN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: MA District: _____	Transaction ID: SF25-2
Aggregate General Election Expenditure for this Candidate ▶ 846.06	
Full Name (Last, First, Middle Initial) of Each Payee CAROLINE DUKE	Purpose of Expenditure TRAVEL Category/Type
Mailing Address 425 2ND ST., NE	Date MM / DD / YYYY 01 / 27 / 2010
City: WASHINGTON State: DC ZIP Code: 20002	Amount 34.20
Name of Federal Candidate Supported: SCOTT BROWN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: MA District: _____	Transaction ID: SF25-6
Aggregate General Election Expenditure for this Candidate ▶ 34.20	
Full Name (Last, First, Middle Initial) of Each Payee GABI EVERETT	Purpose of Expenditure TRAVEL Category/Type
Mailing Address 425 2ND ST., NE	Date MM / DD / YYYY 01 / 27 / 2010
City: WASHINGTON State: DC ZIP Code: 20002	Amount 345.79
Name of Federal Candidate Supported: SCOTT BROWN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: MA District: _____	Transaction ID: SF25-5
Aggregate General Election Expenditure for this Candidate ▶ 345.79	
SUBTOTAL of Expenditures This Page (optional)	1226.05
TOTAL This Period (last page this line number only)	

10020170613

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

PAGE 8 / 689
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: REPUBLICAN NATIONAL CMTE	Full Name of Subordinate Committee NATIONAL REPUBLICAN SENATORIAL CMTE	
	Mailing Address 425 2ND ST NE	
	City WASHINGTON	State DC

Full Name (Last, First, Middle Initial) of Each Payee COLLIN REED	Purpose of Expenditure TRAVEL	<input type="text"/> Category/Type
Mailing Address 425 2ND ST., NE		
City State ZIP Code WASHINGTON DC 20002	Date MM / DD / YYYY 01 / 27 / 2010	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: MA District: _____ SCOTT BROWN	Amount 415.88	
Aggregate General Election Expenditure for this Candidate ▶	415.88	
Transaction ID: SF25-7		

Full Name (Last, First, Middle Initial) of Each Payee KERRY STOCKWELL	Purpose of Expenditure TRAVEL	<input type="text"/> Category/Type
Mailing Address 425 2ND ST., NE		
City State ZIP Code WASHINGTON DC 20002	Date MM / DD / YYYY 01 / 27 / 2010	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: MA District: _____ SCOTT BROWN	Amount 340.90	
Aggregate General Election Expenditure for this Candidate ▶	340.90	
Transaction ID: SF25-8		

Full Name (Last, First, Middle Initial) of Each Payee KATHERINE WALSH	Purpose of Expenditure TRAVEL	<input type="text"/> Category/Type
Mailing Address 425 2ND ST., NE		
City State ZIP Code WASHINGTON DC 20002	Date MM / DD / YYYY 01 / 27 / 2010	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: MA District: _____ SCOTT BROWN	Amount 402.79	
Aggregate General Election Expenditure for this Candidate ▶	402.79	
Transaction ID: SF25-10		

SUBTOTAL of Expenditures This Page (optional) ▶	1159.57
TOTAL This Period (last page this line number only) ▶	_____

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SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

PAGE 9 / 689
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE			
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee NATIONAL REPUBLICAN SENATORIAL CMTE	
If YES, name the designating committee: REPUBLICAN NATIONAL CMTE		Mailing Address 425 2ND ST NE	
		City WASHINGTON	State DC
		ZIP Code 20002	
Full Name (Last, First, Middle Initial) of Each Payee JEFFREY WERNING		Purpose of Expenditure TRAVEL	<input type="text"/> Category/Type
Mailing Address 425 2ND ST., NE		Date M M / D D / Y Y Y Y 01 / 27 / 2010	
City WASHINGTON	State DC	ZIP Code 20002	
Name of Federal Candidate Supported SCOTT BROWN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MA District: _____	
Aggregate General Election Expenditure for this Candidate ▶	<input type="text" value="404.16"/>		Amount <input type="text" value="404.16"/>
		Transaction ID: SF25-4	

SUBTOTAL of Expenditures This Page (optional)	<input type="text" value="404.16"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2985.66"/>

10020170016

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

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

FOR LINE NUMBER: PAGE 10 / 689

(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN DANIEL ABERNATHY

Mailing Address 705 FAULKNER ST

City State Zip Code
NEW SMYRNA BEACH FL 32168-6423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **350.00**

Date of Receipt

01 / 12 / 2010

Transaction ID: SA11.8672862

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN DANIEL ABERNATHY

Mailing Address 705 FAULKNER ST

City State Zip Code
NEW SMYRNA BEACH FL 32168-6423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **350.00**

Date of Receipt

01 / 26 / 2010

Transaction ID: SA11.8732784

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MICHAEL D. ABNEY

Mailing Address 108 PLANTATION CIR

City State Zip Code
PONTE VEDRA BEACH FL 32082-3919

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **250.00**

Date of Receipt

01 / 20 / 2010

Transaction ID: SA11.8703069

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

10020170017

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

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

FOR LINE NUMBER: PAGE 11 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAE L. ABRAM

Mailing Address 709 SHADOW LAKE LN.

City
NAPLES

State Zip Code
FL 34108-8564

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8684746

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. EBBY HALLIDAY ACERS

Mailing Address P.O. BOX 12348

City
DALLAS

State Zip Code
TX 75225-0348

FEC ID number of contributing federal political committee.

C

Name of Employer
EBBY HALLIDAY, REALTORS

Occupation
REALTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8668001

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. EBBY HALLIDAY ACERS

Mailing Address 8515 PRESTON RD

City
DALLAS

State Zip Code
TX 75225-3217

FEC ID number of contributing federal political committee.

C

Name of Employer
EBBY HALLIDAY REALTORS

Occupation
REALTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1101.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8702251

Amount of Each Receipt this Period

101.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1101.00

TOTAL This Period (last page this line number only)

10020170018

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

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

FOR LINE NUMBER: PAGE 12 / 689

(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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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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. EBBY HALLIDAY ACERS

Mailing Address 8515 PRESTON RD

City State Zip Code
DALLAS TX 75225-3217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EBBY HALLIDAY REALTORS REALTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1101.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737622

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. BRUCE A. ADAMS, SR.

Mailing Address P.O. BOX 2447

City State Zip Code
MORGAN CITY LA 70381-2447

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OGRS, L.L.C. SALES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8705038

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. MIRIAM OCHSHORN ADELSON

Mailing Address 3355 LAS VEGAS BLVD S

City State Zip Code
LAS VEGAS NV 89109-8941

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 30400.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683172

Amount of Each Receipt this Period
30400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

32400.00

TOTAL This Period (last page this line number only)

10020170019

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

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

FOR LINE NUMBER: PAGE 13 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. SHELDON G. ADELSON

Mailing Address **3355 LAS VEGAS BLVD S**

City State Zip Code
LAS VEGAS NV 89109-8941

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE VENETIAN RESORT AND HOTEL CEO/CHAIRMAN

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **30400.00**

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: **SA11.8683171**

Amount of Each Receipt this Period
30400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
EDD G ADVINCULA

Mailing Address **509 N MAPLE ST**

City State Zip Code
MUENSTER TX 76252-2425

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **250.00**

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: **SA11.8660213**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. EDGARDO G. ADVINCULA

Mailing Address **P.O. BOX 687**

City State Zip Code
MUENSTER TX 76252-0687

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF M.D.

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **250.00**

Date of Receipt
MM / DD / YYYY
01 / 13 / 2010

Transaction ID: **SA11.8676391**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

30900.00

TOTAL This Period (last page this line number only)

10020170020

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

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

FOR LINE NUMBER: PAGE 14 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
GILBERT G AGUIRRE

Mailing Address **P.O. BOX 9**

City State Zip Code
SAN JUAN CAPISTRAN CA 92693-0009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED RANCHER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
01 / 12 / 2010

Transaction ID: SA11.8671072

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. SCOTT A. AIMAN

Mailing Address **P.O. BOX 646**

City State Zip Code
LANCASTER OH 43130-0646

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
01 / 26 / 2010

Transaction ID: SA11.8736807

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ALFRED AINSWORTH

Mailing Address **PO BOX 2334**

City State Zip Code
EDWARDS CO 81632-2334

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
01 / 10 / 2010

Transaction ID: SA11.8665939

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **2000.00**

TOTAL This Period (last page this line number only)

10020170021

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

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

FOR LINE NUMBER: PAGE 15 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. ALICIA AIXALA

Mailing Address 4875 SW 80TH STREET

City State Zip Code
MIAMI FL 33143-6141

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682918

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. NORMA AKERS

Mailing Address 155 S. ARGYLE AVENUE
APARTMENT 120

City State Zip Code
FRESNO CA 93727-4407

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
201.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8742360

Amount of Each Receipt this Period
201.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
WILLIAM ALBRITTON

Mailing Address 7471 BENBROOK PKWY

City State Zip Code
BENBROOK TX 76126-2119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
QUIET ZONE TECHNOLOGIES LLC OWNER-CHIEF FINANCIAL OFFICER

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666786

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

701.00

TOTAL This Period (last page this line number only)

10020170022

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

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

FOR LINE NUMBER: PAGE 16 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CAPT. ALFRED C. ALDER

Mailing Address 809 W RIDGE RD

City State Zip Code
ELIZABETHTOWN PA 17022-8520

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740782

Amount of Each Receipt this Period

120.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
CAPT. ALFRED C. ALDER

Mailing Address 809 W RIDGE RD

City State Zip Code
ELIZABETHTOWN PA 17022-8520

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748338

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DEBORA ALLEN

Mailing Address P.O. BOX 856

City State Zip Code
CLAYTON CA 94517

FEC ID number of contributing federal political committee. C

Name of Employer W.E. LYONS CONSTRUCTION CO.

Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8692787

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

470.00

TOTAL This Period (last page this line number only)

10020170023

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

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

FOR LINE NUMBER: PAGE 17 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. HAROLD ALLEN

Mailing Address 737 ELIZABETH ST

City State Zip Code
ROCHESTER MI 48307-2109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8659824

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. HAROLD ALLEN

Mailing Address 737 ELIZABETH ST

City State Zip Code
ROCHESTER MI 48307-2109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8665244

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. TRAVIS A. ALLISON

Mailing Address 17280 COUNTY ROAD 136

City State Zip Code
TYLER TX 75703-7712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8690086

Amount of Each Receipt this Period

520.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

770.00

TOTAL This Period (last page this line number only) ▶

10020170024

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

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

FOR LINE NUMBER: PAGE 18 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JOHN ALMOND

Mailing Address 1851 HOMESTEAD AVE NE

City ATLANTA State GA Zip Code 30306-3163

FEC ID number of contributing federal political committee. C

Name of Employer ROGERS AND HARTING Occupation ATTORNEY

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8663800

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. GERALDINE F. ALTERMAN

Mailing Address 2071 SERENITY WAY

City WALLED LAKE State MI Zip Code 48390-1837

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8685916

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ERIC ALTMANN

Mailing Address 525 E. 86 STREET APT 11D

City NEW YORK State NY Zip Code 10028

FEC ID number of contributing federal political committee. C

Name of Employer RENAISSANCE TECHNOLOGIES LLC Occupation CONTROLLER

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745008

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

10020170025

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

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

FOR LINE NUMBER: PAGE 19 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. GERALD P. ANDERSEN

Mailing Address 1020 JUBILEE WAY

City State Zip Code
WALDORF MD 20602-1961

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WACKENHUT SERVICES, INC. SECURITY OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8725783

Amount of Each Receipt this Period
240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN R. ANDERSON

Mailing Address P.O. BOX 136

City State Zip Code
GAIL TX 79738-0136

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED RANCHER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8706767

Amount of Each Receipt this Period
201.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. STEPHEN H. ANDERSON

Mailing Address 1820 E GARRY AVE STE 106

City State Zip Code
SANTA ANA CA 92705-5804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
S H A ENTERPRISES CHIEF EXECUTIVE OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8690942

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 691.00

TOTAL This Period (last page this line number only)

10020170026

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

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

FOR LINE NUMBER: PAGE 20 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. MARIO ANDRETTI

Mailing Address 457 ROSE INN AVENUE

City State Zip Code
NAZARETH PA 18064-9234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF RACECAR DRIVER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8711133

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROGER S. ANERELLA, JR.

Mailing Address 16 COVERED BRIDGE RD

City State Zip Code
FLEMINGTON NJ 08822-4900

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MERRILL LYNCH FINANCIAL SERVICES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745638

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MATHEW J. ANSBRO

Mailing Address 2482 WHISPERING OAKS DR

City State Zip Code
FAIRFIELD CA 94534-7538

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8726881

Amount of Each Receipt this Period

101.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1601.00

TOTAL This Period (last page this line number only)

10020170027

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

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

FOR LINE NUMBER: PAGE 21 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MATHEW J. ANSBRO

Mailing Address 2482 WHISPERING OAKS DR

City State Zip Code
FAIRFIELD CA 94534-7538

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8732359

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PHILIP F. ANSCHUTZ

Mailing Address 555 17TH STREET
SUITE 2400

City State Zip Code
DENVER CO 80202-3941

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE ANSCHUTZ COMPANIES PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 9500.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738520

Amount of Each Receipt this Period
9500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ROBERT ANTCLIFF

Mailing Address 225 FRIAR TUCK CT.

City State Zip Code
EL PASO TX 79924

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682669

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

9850.00

TOTAL This Period (last page this line number only)

10020170028

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

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

FOR LINE NUMBER: PAGE 22 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. JEANNE W. ARCHER

Mailing Address 5628 N. PALO CRISTI ROAD

City State Zip Code
PARADISE VALLEY AZ 85253-7543

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) 270.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8690628

Amount of Each Receipt this Period

270.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ALAN S. ARNALL

Mailing Address 4085 WHITEWATER CREEK RD NW

City State Zip Code
ATLANTA GA 30327-3946

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER PRIVATE INVESTOR
BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) 1000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8741984

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT M. ARNOLD

Mailing Address 1535 PARKSIDE DRIVE E.

City State Zip Code
SEATTLE WA 98112-3719

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) 850.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672738

Amount of Each Receipt this Period

850.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2120.00

TOTAL This Period (last page this line number only)

10020170029

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

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

FOR LINE NUMBER: PAGE 23 / 689

(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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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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. SUSAN J. ASHBEE

Mailing Address 4023 AUDUBON DRIVE E.

City

MOBILE

State

AL

Zip Code

36619-8963

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8671345

Amount of Each Receipt this Period

270.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GEORGE ATANASOSKI

Mailing Address 89 S ATLANTIC AVE APT 905

City

ORMOND BEACH

State

FL

Zip Code

32176-6606

FEC ID number of contributing federal political committee.

C

Name of Employer
MICRUFLEX INC

Receipt For:

Primary General
 Other (specify) ▼

Occupation

VICE PRESIDENT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8731337

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT B. ATWELL

Mailing Address 300 FOX CHAPEL RD APT 616

City

PITTSBURGH

State

PA

Zip Code

15238-2327

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8749665

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

10020170030

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

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

FOR LINE NUMBER: PAGE 24 / 689

(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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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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. MARY ANTONIA AUSUM

Mailing Address 3706 CREEKSIDE COURT

City State Zip Code
ANN ARBOR MI 48105-9570

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MILAN DENTAL ASSOCIATES DENTIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751223

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
EVELYN M. BABER

Mailing Address 2208 DEVONSHIRE WAY

City State Zip Code
PALM BCH GDNS FL 33418-6874

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8738033

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. LAURA MAY BACON

Mailing Address 855 25TH RD

City State Zip Code
GRAND JUNCTION CO 81505-9664

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 301.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8736705

Amount of Each Receipt this Period

301.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

791.00

TOTAL This Period (last page this line number only)

10020170031

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

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

FOR LINE NUMBER: PAGE 25 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
LEE ANN BAGGOTT

Mailing Address **P.O. BOX 306**

City State Zip Code
MANCHESTER ME 04351-0306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **500.00**

Date of Receipt

01 / 26 / 2010

Transaction ID: SA11.8737552

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ALICIA L. BAILEY

Mailing Address **7 BALMORAL CT**

City State Zip Code
GREENVILLE SC 29611-2413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS NURSE

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **250.00**

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8752196

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

R F. BAILEY

Mailing Address **P.O. BOX 10926**

City State Zip Code
MIDLAND TX 79702-7926

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **250.00**

Date of Receipt

01 / 12 / 2010

Transaction ID: SA11.8674550

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

10020170032

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

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

FOR LINE NUMBER: PAGE 26 / 689
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MRS. JANET BAINES

Mailing Address 360 INDIAN HARBOR ROAD

City State Zip Code
VERO BEACH FL 32963-3509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
395.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8725681

Amount of Each Receipt this Period
155.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. JANET BAINES

Mailing Address 360 INDIAN HARBOR ROAD

City State Zip Code
VERO BEACH FL 32963-3509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
395.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8747095

Amount of Each Receipt this Period
240.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. CAROL BAKER

Mailing Address 30573 E. SUNSET DRIVE S.

City State Zip Code
REDLANDS CA 92373-7340

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INTERIOR DECORATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667989

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **895.00**

TOTAL This Period (last page this line number only) ▶

10020170033

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

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

FOR LINE NUMBER: PAGE 27 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
HOLLIS BAKER

Mailing Address 301 CHAPEL HILL RD

City State Zip Code
PALM BEACH FL 33480-4124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 251.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8704831

Amount of Each Receipt this Period
251.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. JULIE L. BAKER

Mailing Address 6526 RADLEY DR.

City State Zip Code
SPRING TX 77379

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE NONE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682643

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. TED H. BAKER

Mailing Address 14 PEMBROOKE ROAD

City State Zip Code
CHATHAM NJ 07928-1345

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8688781

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

751.00

TOTAL This Period (last page this line number only)

10020170034

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

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

FOR LINE NUMBER: PAGE 28 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. TODD BAKER

Mailing Address 88 LUKES WOOD RD

City State Zip Code
NEW CANAAN CT 06840-2201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BANKER BANKER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8723689

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DONALD E. BALDOVIN

Mailing Address 1108 LAVACA ST
SUITE 1-A

City State Zip Code
AUSTIN TX 78701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745746

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. GLEN H. BALLOWE

Mailing Address 8705 QUEEN ELIZABETH BOULEVARD

City State Zip Code
ANNANDALE VA 22003-4245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 201.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8731848

Amount of Each Receipt this Period

201.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1101.00

TOTAL This Period (last page this line number only) ▶

10020170035

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

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

FOR LINE NUMBER: PAGE 29 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DAVID BANET

Mailing Address 652 BYERS RD

City State Zip Code
CHESTER SPRINGS PA 19425-2104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DAVID M BANET & ASSOCS INC INS BROKER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8750040

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JAMES P. BANKS

Mailing Address 18 GRAYSTONE CT

City State Zip Code
NORTH BARRINGTON IL 60010-6973

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INTERACTIVE HEALTH SOLUTIONS CEO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8674430

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
SCOTT H. BARBER

Mailing Address 16920 SE 88TH VELERST AVE

City State Zip Code
LADY LAKE FL 32162-2865

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8702400

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

10020170036

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

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

FOR LINE NUMBER: PAGE 30 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. ALLAN H. BARKER

Mailing Address 2690 ROXBURY CIR

City State Zip Code
SALT LAKE CITY UT 84108-2841

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 16 / 2010

Transaction ID: SA11.8688948

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. CAROL J. BARNETT

Mailing Address 5815 LIVE OAK RD

City State Zip Code
LAKELAND FL 33813-3082

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
PUBLIX DIRECTOR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 10000.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8681897

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. GERSON BARNETT

Mailing Address 2908 SHADOW OAKS PLACE

City State Zip Code
BILLINGS MT 59102-0776

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8747176

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

10020170037

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

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

FOR LINE NUMBER: PAGE 31 / 689

(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

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. HOYT R. BARNETT

Mailing Address 5815 LIVE OAK RD

City State Zip Code
LAKELAND FL 33813-3082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PUBLIX SUPER MARKETS, INC. VICE CHAIRMAN

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
10000.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8681896

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
RONALD T. BARNES

Mailing Address 15 DUNLEITH DR

City State Zip Code
SAINT LOUIS MO 63124-1895

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MIDWEST BANK CENTER BANKER

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
201.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8720105

Amount of Each Receipt this Period

201.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DONALD H. BARR

Mailing Address P.O. BOX 722

City State Zip Code
NEW MARKET MD 21774-0722

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
225.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8686283

Amount of Each Receipt this Period

225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10426.00

TOTAL This Period (last page this line number only)

10020170038

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

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

FOR LINE NUMBER: PAGE 32 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BLAKE BARREGAR

Mailing Address 11743 CARDINAL CIRCLE

City

GARDEN GROVE

State

CA

Zip Code

92843-3815

FEC ID number of contributing federal political committee.

C

Name of Employer
BDB, INC.

Occupation
ESTIMATOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 16 / 2010

Transaction ID: SA11.8689074

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ARTHUR R. BARRON

Mailing Address 24001 TUSCANY CT

City

BONITA SPRINGS

State

FL

Zip Code

34134-7183

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672568

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. THOMAS D. BARROW

Mailing Address 5731 TANGLEWOOD COVE ST

City

HOUSTON

State

TX

Zip Code

77057-3537

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
GEOLOGIST

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8701992

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

10020170039

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

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

FOR LINE NUMBER: PAGE 33 / 689

(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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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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. SHERRY BARTHLOW

Mailing Address 5511 WATEKA DR

City State Zip Code
DALLAS TX 75209-5515

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2010

Transaction ID: SA11.8662152

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
RANDALL BASKIN

Mailing Address 4280 LONG LN

City State Zip Code
FRANKLIN TN 37064-7210

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8656500

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DEVIN BATES

Mailing Address 502 S KOENIGHEIM ST

City State Zip Code
SAN ANGELO TX 76903-6769

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666751

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

15500.00

TOTAL This Period (last page this line number only)

10020170040

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

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

FOR LINE NUMBER: PAGE 34 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. ROBERT E. BATTMER

Mailing Address 2900 W 66TH ST

City State Zip Code
MISSION HILLS KS 66208-1805

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF DOCTOR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754148

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DAVID BAUER

Mailing Address 1890 TARPON LN

City State Zip Code
VERO BEACH FL 32960-7254

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740836

Amount of Each Receipt this Period
240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. JEAN R BAUER

Mailing Address 200 DOMINICAN DR

City State Zip Code
MADISON MS 39110-8630

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 565.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666692

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1240.00

TOTAL This Period (last page this line number only) ▶

10020170041

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

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

FOR LINE NUMBER: PAGE 35 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. JEAN R BAUER

Mailing Address 200 DOMINICAN DR

City State Zip Code
MADISON MS 39110-8630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 565.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8678022

Amount of Each Receipt this Period
65.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. HERBERT M. BAUM

Mailing Address 5223 CENTER ST

City State Zip Code
JUPITER FL 33458-4052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE DIAL CORPORATION CHAIRMAN & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8709730

Amount of Each Receipt this Period
240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. GLORIA J. BAUN

Mailing Address 163 BOSA DR

City State Zip Code
SAINT ROBERT MO 65584-4643

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8678182

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 555.00

TOTAL This Period (last page this line number only) ▶

10020170042

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

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

FOR LINE NUMBER: PAGE 36 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JOHN BEACOM, JR.

Mailing Address 104 MARTHA ANN LN

City State Zip Code
FLORENCE AL 35630-7343

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8738089

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. OTIS L. BEATY

Mailing Address P.O. BOX 4496

City State Zip Code
SANTA FE NM 87502-4496

FEC ID number of contributing federal political committee. **C**

Name of Employer
BEATY ELECTRIC

Occupation
ELECTRICAL CONTRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8730908

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. LOUIS A. BEECHERL, JR

Mailing Address 5950 CEDAR SPRINGS ROAD
SUITE 210

City State Zip Code
DALLAS TX 75235-6803

FEC ID number of contributing federal political committee. **C**

Name of Employer
SELF-EMPLOYED- BEECHERL
COMPANY

Occupation
INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8747198

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10750.00

TOTAL This Period (last page this line number only)

10020170043

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

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

FOR LINE NUMBER: PAGE 37 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MARVIN F. BEEVERS

Mailing Address 1009 MCCLINTIC DR

City State Zip Code
GROESBECK TX 76642-2136

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8719598

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DANIEL L. BELL

Mailing Address 9 SCHULTZ LANE

City State Zip Code
BARTO PA 19504-9526

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8659704

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GORDON BELLIS

Mailing Address 20 PEAR CT

City State Zip Code
HILLSBOROUGH CA 94010-6517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF INVESTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8730531

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

10020176044

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

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

FOR LINE NUMBER: PAGE 38 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. SHELVE BELSER

Mailing Address 3912 KENILWORTH RD

City State Zip Code
COLUMBIA SC 29205-1504

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8670628

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
A. BENEDETTA

Mailing Address 21035 YORK ROAD

City State Zip Code
PARKTON MD 21120

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8738048

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. AUDREY E. BENNETT

Mailing Address 1240 KENT ST

City State Zip Code
SAINT PAUL MN 55117-4284

FEC ID number of contributing federal political committee. **C**

Name of Employer
SELF-EMPLOYED

Occupation
INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740839

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

10020170045

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

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

FOR LINE NUMBER: PAGE 39 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD G. BENNETT

Mailing Address P.O. BOX 5005

City

RANCHO MIRAGE

State

CA

Zip Code

92270-1065

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8690829

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

KEITH R. BERGH

Mailing Address P.O. BOX 88507

City

SIOUX FALLS

State

SD

Zip Code

57109-8507

FEC ID number of contributing federal political committee.

C

Name of Employer
DOLLAR LOAN CENTER

Occupation
LENDER/OWNER/PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8697047

Amount of Each Receipt this Period

201.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MISS ANN BERKO

Mailing Address 3798 LEDGE DRIVE

City

TROY

State

MI

Zip Code

48084-1138

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8684739

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

751.00

TOTAL This Period (last page this line number only)

10020170046

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

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

FOR LINE NUMBER: PAGE 40 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. STEVE BERKOWITZ

Mailing Address 1200 EAGLE AVE.

City State Zip Code
OCEAN NJ 07712-7631

FEC ID number of contributing federal political committee. **C**

Name of Employer
SEAVIEW PRTHOPARDIC & MEDICAL

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748662

Amount of Each Receipt this Period

360.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. GEORGE W. BERMANT

Mailing Address 2023 E 3RD AVE

City State Zip Code
DENVER CO 80206-4604

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751602

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ALTON RICK BERQUIST

Mailing Address 8441 EGRET LAKES LN

City State Zip Code
WEST PALM BEACH FL 33412-1526

FEC ID number of contributing federal political committee. **C**

Name of Employer
A. R. BERQUIST & ASSOCIATES

Occupation
CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8670437

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

16360.00

TOTAL This Period (last page this line number only)

10020170047

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

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

FOR LINE NUMBER: PAGE 41 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DONALD A. BEST

Mailing Address P.O. BOX 34683

City State Zip Code
LOS ANGELES CA 90034-0683

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8701813

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. HARRY BETTIS

Mailing Address 1021 NORMANDY DRIVE

City State Zip Code
GRAHAM TX 76450-4323

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BETTIS BOYLE & STOVALL OIL & GAS PRODUCER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 09 / 2010

Transaction ID: SA11.8665873

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
BART K BIAS

Mailing Address P.O. BOX 529

City State Zip Code
SOLDOTNA AK 99669-0529

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672604

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

10020170048

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

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

FOR LINE NUMBER: PAGE 42 / 689

(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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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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JERRY BIGGS

Mailing Address 1329 ARROYO CRES

City

REDLANDS

State

CA

Zip Code

92373-6507

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8680587

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

KJESTINE A. BIJUR

Mailing Address 10855 CHARLESTON DR

City

VERO BEACH

State

FL

Zip Code

32963

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751606

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. THOMAS BINIG

Mailing Address 1021 MAIN ST STE 2310

City

HOUSTON

State

TX

Zip Code

77002-6506

FEC ID number of contributing federal political committee.

C

Name of Employer
BALLARD EXPLORATION CO INC

Occupation
GEOLOGIST

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8752886

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

10020170049

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

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

FOR LINE NUMBER: PAGE 43 / 689

(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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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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. HOWARD R. BIRCH

Mailing Address 9048 E. CHICKAMAUGA STREET

City State Zip Code
TUCSON AZ 85710-4435

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8673713

Amount of Each Receipt this Period

120.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. HOWARD R. BIRCH

Mailing Address 9048 E. CHICKAMAUGA STREET

City State Zip Code
TUCSON AZ 85710-4435

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8677773

Amount of Each Receipt this Period

260.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROGER BIRKMAN

Mailing Address 777 N POST OAK RD APT 1006

City State Zip Code
HOUSTON TX 77024-3820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8662424

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

630.00

TOTAL This Period (last page this line number only)

10020170050

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

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

FOR LINE NUMBER: PAGE 44 / 689

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. CYRUS G. BISPHAM

Mailing Address 7000 IBIS ST

City State Zip Code
SARASOTA FL 34241-9391

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8695543

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DAVID H. BLACKHAM

Mailing Address 188 N 300 E

City State Zip Code
MT PLEASANT UT 84647-1409

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
01 / 23 / 2010

Transaction ID: SA11.8723346

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. NORMAN P. BLAKE, JR.

Mailing Address 11179 ESTANCIA WAY

City State Zip Code
CARMEL IN 46032-8259

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED

Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8703055

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

10020170051

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

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

FOR LINE NUMBER: PAGE 45 / 689

(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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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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. GEORGE BLANK

Mailing Address 148 OLD YORK RD A

City State Zip Code
NEW HOPE PA 18938-1409

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8749933

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MARVIN BLECKER

Mailing Address 12824 SILVER ACACIA PL

City State Zip Code
SAN DIEGO CA 92130-4899

FEC ID number of contributing federal political committee. **C**

Name of Employer
QUALCOM INCORPORATED

Occupation
SR VP LICENSING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8744312

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. ROBERT P. BLEREAU

Mailing Address 3020 LAKE PALOURDE DRIVE

City State Zip Code
MORGAN CITY LA 70380-1562

FEC ID number of contributing federal political committee. **C**

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8741988

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

10020170052

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

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

FOR LINE NUMBER: PAGE 46 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. KENNETH G. BLOCK

Mailing Address 2940 VERONA RD

City State Zip Code
MISSION HILLS KS 66208-1273

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BLOCK REAL ESTATE SERVICES REAL ESTATE

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8687560

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DONALD BOHM

Mailing Address 10062 38TH AVE NW

City State Zip Code
MOHALL ND 58761-9205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8739754

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. GLORIA BOLANOS

Mailing Address 19364 STONEBROOK ST

City State Zip Code
WESTON FL 33332-2428

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
G & G DE JESUS INC EMPRESARIA

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672553

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 1750.00

TOTAL This Period (last page this line number only)

10020170053

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

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

FOR LINE NUMBER: PAGE 47 / 689
(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. JOAN R. BOLLING

Mailing Address P.O. BOX 4300

City State Zip Code
WILMINGTON DE 19807-0300

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8658087

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. JOAN R. BOLLING

Mailing Address P.O. BOX 4300

City State Zip Code
WILMINGTON DE 19807-0300

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672555

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
STEVEN H H. BOLLINGER

Mailing Address 2931 DOLORES DR

City State Zip Code
SAINT CLOUD MN 56303-0423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8656798

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **1350.00**

TOTAL This Period (last page this line number only) ▶

10020170054

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

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

FOR LINE NUMBER: PAGE 48 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. BRIAN BONIFANT

Mailing Address 812 POND SPRINGS COURT

City State Zip Code
KELLER TX 76243

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8692820

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DANIEL BORGEN

Mailing Address 1811 PENNSYLVANIA AVENUE, S

City State Zip Code
GOLDEN VALLEY MN 55427-4015

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682307

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. LOUIS L. BORICK

Mailing Address 920 FOOTHILL RD

City State Zip Code
BEVERLY HILLS CA 90210-2926

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
501.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8717844

Amount of Each Receipt this Period

501.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1001.00

TOTAL This Period (last page this line number only)

10020170055

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

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

FOR LINE NUMBER: PAGE 49 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
VINNIE BORST, JR.

Mailing Address 7-05 MANSFIELD DR

City State Zip Code
FAIR LAWN NJ 07410-3241

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
PORT AUTHORITY ASSISTANT PIN OFFICE SPACE PRO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8685189

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. STEVEN C C. BOST

Mailing Address 4410 DEEPWOOD DR

City State Zip Code
CHARLOTTE NC 28226-7216

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8731432

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
SANDRA Y. BOWLES

Mailing Address 17433 SUNBURST ST

City State Zip Code
NORTHRIDGE CA 91325-2926

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF EMPLOYED REAL ESTATE BROKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8662695

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

800.00

TOTAL This Period (last page this line number only) ▶

10020170056

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

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

FOR LINE NUMBER: PAGE 50 / 689
(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. GEORGE W. BOWMAN

Mailing Address **320 S 6TH ST**

City **LOMPOC** State **CA** Zip Code **93436-7430**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
01 / 15 / 2010

Transaction ID: **SA11.8686553**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. GEORGE W. BOWMAN

Mailing Address **320 S 6TH ST**

City **LOMPOC** State **CA** Zip Code **93436-7430**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
01 / 29 / 2010

Transaction ID: **SA11.8751782**

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. FURNIE BOYCE

Mailing Address **4532 INTELCO LOOP SE APT 190**

City **LACEY** State **WA** Zip Code **98503-5582**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
01 / 20 / 2010

Transaction ID: **SA11.8698945**

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **600.00**

TOTAL This Period (last page this line number only)

10020170057

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

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

FOR LINE NUMBER: PAGE 51 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. FURNIE BOYCE

Mailing Address 4532 INTELCO LOOP SE APT 190

City State Zip Code
LACEY WA 98503-5582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8702930

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. FURNIE BOYCE

Mailing Address 4532 INTELCO LOOP SE APT 190

City State Zip Code
LACEY WA 98503-5582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748800

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MICHAEL BOYCE

Mailing Address 10600 S HIGHLAND LN

City State Zip Code
OLATHE KS 66061-7432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
P.Q. CORPORATION CHAIRMAN & C.E.O.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8691721

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

10020170058

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

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

FOR LINE NUMBER: PAGE 52 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. STEVEN BOYMEL

Mailing Address 8490 FOX CUB LN

City State Zip Code
CINCINNATI OH 45243-1022

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8692283

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
LANDIS BRADFIELD

Mailing Address 728 20TH STREET SOUTH

City State Zip Code
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C**

Name of Employer
DEPARTMENT OF VETERANS AF-
FAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
REGISTERED NURSE

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682398

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DAVID BREAZZANO

Mailing Address 193 DUTTON RD

City State Zip Code
SUDBURY MA 01776-2806

FEC ID number of contributing federal political committee. **C**

Name of Employer
DDJ CAPITAL MANAGEMENT LLC

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
INVESTMENTS

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8660918

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

10020170059

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

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

FOR LINE NUMBER: PAGE 53 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. WOOD BREAZEALE

Mailing Address 111 WHITCOMB ROAD

City State Zip Code
LAFAYETTE LA 70503-3623

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8694663

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. GEOFFREY BREWSTER

Mailing Address 6453 E. STALLION ROAD

City State Zip Code
PARADISE VALLEY AZ 85253-3151

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8668123

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. SUZANNE E. BRITTON

Mailing Address 2323 EDINBORO ROAD
UNIT GH 15

City State Zip Code
ERIE PA 16509-8305

FEC ID number of contributing federal political committee. **C**

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8679590

Amount of Each Receipt this Period

2.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2502.00

TOTAL This Period (last page this line number only)

10020170050

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

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

FOR LINE NUMBER: PAGE 54 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. SUZANNE E. BRITTON

Mailing Address 2323 EDINBORO ROAD
UNIT GH 15

City State Zip Code
ERIE PA 16509-8305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
252.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8741005

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN B. BROCK

Mailing Address 5603 INDIAN CIR

City State Zip Code
HOUSTON TX 77056-1006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
301.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8696437

Amount of Each Receipt this Period
101.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN B. BROCK

Mailing Address 5603 INDIAN CIR

City State Zip Code
HOUSTON TX 77056-1006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
301.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754393

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 551.00

TOTAL This Period (last page this line number only)

10020170061

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

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

FOR LINE NUMBER: PAGE 55 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
RANDY BROOKS

Mailing Address 502 SOUTH KOENIGHEIM, SUITE 1A

City State Zip Code
SAN ANGELO TX 76903

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF SELF

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 15000.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8692794

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DALE ALLAN BROWN

Mailing Address P.O. BOX 5562

City State Zip Code
MIDLAND TX 79704

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
PETROLEUM STRATEGIES, INC. PRESIDENT

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 2000.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682466

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DOUG BROWN

Mailing Address 1554 SILO RD.

City State Zip Code
YARDLEY PA 19067-4255

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682651

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

17250.00

TOTAL This Period (last page this line number only)

10020170062

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

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

FOR LINE NUMBER: PAGE 56 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. GEORGE GARVIN BROWN, III

Mailing Address 6009 BROWNSBORO PARK BOULEVARD
SUITE B

City State Zip Code
LOUISVILLE KY 40207-1291

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
G.G.B. ENTERPRISES REAL ESTATE/INVESTMENTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8730460

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JACKSON BROWNING

Mailing Address 4052 PENSHURST PARK

City State Zip Code
SARASOTA FL 34235-6843

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 251.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8719666

Amount of Each Receipt this Period

251.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. ROBERT BROWNLIE

Mailing Address 14802 BALLANTYNE COUNTRY CLUB DR

City State Zip Code
CHARLOTTE NC 28277-2717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8660532

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2501.00

TOTAL This Period (last page this line number only)

10020170063

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

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

FOR LINE NUMBER: PAGE 57 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. MAURICE E. BRUBAKER

Mailing Address 14 KINGSPONTE LK CT

City State Zip Code
CHESTERFIELD MO 63005-4489

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BAI CONSULTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2500.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8719139

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. ELIZABETH BRUCE

Mailing Address 520 WHITE RD

City State Zip Code
OPELIKA AL 36801-3415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2100.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745600

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. ELIZABETH BRUCE

Mailing Address 520 WHITE RD

City State Zip Code
OPELIKA AL 36801-3415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2100.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8753080

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

4600.00

TOTAL This Period (last page this line number only)

10020170064

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

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

FOR LINE NUMBER: PAGE 58 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ROGER G. BRUCE

Mailing Address **5225 S PRINCE ST APT 715**

City State Zip Code
LITTLETON CO 80123-7776

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
500.00

Date of Receipt

01 / 14 / 2010

Transaction ID: SA11.8680073

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
BRUCE A. BRUCKELMEYER

Mailing Address **1260 CHERRY RD**

City State Zip Code
OSWEGO IL 60543-9610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
301.00

Date of Receipt

01 / 14 / 2010

Transaction ID: SA11.8679886

Amount of Each Receipt this Period

101.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
BRUCE A. BRUCKELMEYER

Mailing Address **1260 CHERRY RD**

City State Zip Code
OSWEGO IL 60543-9610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
301.00

Date of Receipt

01 / 18 / 2010

Transaction ID: SA11.8689309

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

801.00

TOTAL This Period (last page this line number only)

10020170065

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

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

FOR LINE NUMBER: PAGE 59 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JEFFREY EUGENE BRUMMETTE

Mailing Address 7421 FISHER ISLAND DRIVE

City State Zip Code
MIAMI BEACH FL 33109-0703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STRATEGIC FIXED INCOME U.- K. L. HEDGE FUND MANAGER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8680210

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DAVID BRUNE

Mailing Address 6420 CLOISER GATE DRIVE

City State Zip Code
BALTIMORE MD 21212-1057

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683534

Amount of Each Receipt this Period

201.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MARC BRUNEAU

Mailing Address 2016 LAKE SHORE RD

City State Zip Code
GRAFTON WI 53024-9743

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8703060

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1451.00

TOTAL This Period (last page this line number only)

10020170066

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

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

FOR LINE NUMBER: PAGE 60 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT L. BRUNKER

Mailing Address 2714 N. 26TH STREET

City

SAINT JOSEPH

State

MO

Zip Code

64506-1604

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
DENTIST

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
01 / 16 / 2010

Transaction ID: SA11.8689103

Amount of Each Receipt this Period

225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BARRY G. BRYANT

Mailing Address 11200 OAKLEAF LN

City

OKLAHOMA CITY

State

OK

Zip Code

73131-3261

FEC ID number of contributing federal political committee.

C

Name of Employer
MAGNUM DRILLING SERVICES,
INC.

Occupation
SELF EMPLOYED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1240.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8701816

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BARRY G. BRYANT

Mailing Address 11200 OAKLEAF LN

City

OKLAHOMA CITY

State

OK

Zip Code

73131-3261

FEC ID number of contributing federal political committee.

C

Name of Employer
MAGNUM DRILLING SERVICES,
INC.

Occupation
SELF EMPLOYED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1240.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8749669

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1465.00

TOTAL This Period (last page this line number only)

10020170067

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

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

FOR LINE NUMBER: PAGE 61 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. NEIL W. BRYANT

Mailing Address P.O. BOX 104

City State Zip Code
SHAW ISLAND WA 98286-0104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8704230

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT J. BUFORD

Mailing Address 1333 N KINGSBURY ST STE 301

City State Zip Code
CHICAGO IL 60642-7029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PLANNED REALTY GROUP INC BUSINESS EXEC

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672987

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
WILLIAM STEWART BUNDRICK

Mailing Address 8712 GLENMORA DR

City State Zip Code
SHREVEPORT LA 71106-6233

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BONE AND JOINT CLINIC ORTHOPEDIC SURGEON

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1125.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724614

Amount of Each Receipt this Period

625.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

10020170068

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

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

FOR LINE NUMBER: PAGE 62 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
WILLIAM STEWART BUNDRICK

Mailing Address 8712 GLENMORA DR

City State Zip Code
SHREVEPORT LA 71106-6233

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BONE AND JOINT CLINIC ORTHOPEDIC SURGEON

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1125.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740546

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. ROSEMARIE BUNTROCK

Mailing Address 300 E. 8TH STREET

City State Zip Code
HINSDALE IL 60521-4504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 15000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738517

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CHARLES BURAU

Mailing Address 505 SHERRY S

City State Zip Code
CALISTOGA CA 94515-9772

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8704593

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 15750.00

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

10020170065

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

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

FOR LINE NUMBER: PAGE 63 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL D. BURCHELL

Mailing Address 28 BRYON RD APT 2

City

CHESTNUT HILL

State

MA

Zip Code

02467-3334

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8690822

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN BURKHART

Mailing Address 4035 FENWICK RD

City

COLUMBUS

State

OH

Zip Code

43220-4845

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740777

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

GENE E BURLESON

Mailing Address 320 ARGONNE DR NW

City

ATLANTA

State

GA

Zip Code

30305-2814

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8677178

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1740.00

TOTAL This Period (last page this line number only)

10020170070

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

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

FOR LINE NUMBER: PAGE 64 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. RICHARD B. BURNHAM

Mailing Address 2 N. CENTRAL AVENUE

City State Zip Code
PHOENIX AZ 85004-2305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GAMMAGE & BURNHAM ATTORNEY

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8677874

Amount of Each Receipt this Period

270.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. HARRIET K. BURNSTEIN

Mailing Address 510 RAVINE DR

City State Zip Code
HIGHLAND PARK IL 60035-3551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8703852

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ROBERT T BURROWS, JR.

Mailing Address 14520 PIONEER RD

City State Zip Code
NEWTON WI 53063-9729

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8676266

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2520.00

TOTAL This Period (last page this line number only)

10020170071

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

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

FOR LINE NUMBER: PAGE 65 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. CHARLES T. BURT

Mailing Address **8S041 CREEK DR**

City **NAPERVILLE** State **IL** Zip Code **60540-9326**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
201.00

Date of Receipt

01 / 19 / 2010

Transaction ID: **SA11.8693195**

Amount of Each Receipt this Period

201.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN P. BUSER

Mailing Address **5305 SWISS AVE**

City **DALLAS** State **TX** Zip Code **75214-5243**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LEHMAN BROTHERS PRIVATE FUND A** Occupation **INVESTMENT MANAGER**

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 05 / 2010

Transaction ID: **SA11.8659700**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. GARY BUSHELL

Mailing Address **1210 SAN ANTONIO ST STE 204**

City **AUSTIN** State **TX** Zip Code **78701-1834**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GARY BUSHELL LLT** Occupation **ATTORNEY**

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
275.00

Date of Receipt

01 / 15 / 2010

Transaction ID: **SA11.8682796**

Amount of Each Receipt this Period

275.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

726.00

TOTAL This Period (last page this line number only)

10020170072

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

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

FOR LINE NUMBER: PAGE 66 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DAVID BUTLER

Mailing Address 124 BRIDGEWATER XING

City State Zip Code
RIDGELAND MS 39157-8603

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
SALES

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8692690

Amount of Each Receipt this Period

220.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
L. BYARS

Mailing Address P.O. BOX 293

City State Zip Code
HUFFMAN TX 77336-0293

FEC ID number of contributing federal political committee. **C**

Name of Employer
BYARS PLUMBING SUPPLY

Occupation
BUSINESS OWNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8679877

Amount of Each Receipt this Period

251.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
L. BYARS

Mailing Address P.O. BOX 293

City State Zip Code
HUFFMAN TX 77336-0293

FEC ID number of contributing federal political committee. **C**

Name of Employer
BYARS PLUMBING SUPPLY

Occupation
BUSINESS OWNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8733376

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

571.00

TOTAL This Period (last page this line number only)

10020170073

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

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

FOR LINE NUMBER: PAGE 67 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. RALPH CADWALLADER

Mailing Address **12850 PELICAN ISLAND DR**

City State Zip Code
WILLIS TX 77318-5258

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONTRACTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

01 / 21 / 2010

Transaction ID: **SA11.8712820**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. DOLORES E. CAKEBREAD

Mailing Address **P.O. BOX 531**

City State Zip Code
RUTHERFORD CA 94573-0531

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

01 / 26 / 2010

Transaction ID: **SA11.8735823**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
KEVIN CALDERWOOD

Mailing Address **1236 TOTTENHAM CT**

City State Zip Code
RESTON VA 20194-1415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VIVISIMO INC EXECUTIVE MGMT.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt

01 / 07 / 2010

Transaction ID: **SA11.8662947**

Amount of Each Receipt this Period

1250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

10020170074

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

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

FOR LINE NUMBER: PAGE 68 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT CALLAGHAN

Mailing Address 109 PENNY ROAD
APARTMENT 233

City State Zip Code
HIGH POINT NC 27260-2528

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
226.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8731879

Amount of Each Receipt this Period

226.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. PETER M. CAMARCO

Mailing Address 4442 RUTGERS WAY

City State Zip Code
SACRAMENTO CA 95821-2238

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8686464

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ERNST CAMENTZ

Mailing Address 6314 SHADOW WOOD CT

City State Zip Code
PROSPECT KY 40059-9627

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8678729

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

776.00

TOTAL This Period (last page this line number only)

10020170075

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

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

FOR LINE NUMBER: PAGE 69 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WALLACE E. CAMP, SR.

Mailing Address 8136 COLLINGWOOD CT

City

UNIVERSITY PARK

State

FL

Zip Code

34201-2349

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740774

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. ANNE M. CAMPBELL

Mailing Address 1330 WILLISTON ST

City

PAMPA

State

TX

Zip Code

79065-4322

FEC ID number of contributing federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8752845

Amount of Each Receipt this Period

220.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. EVERETT CAMPBELL

Mailing Address 102 BLACK WALNUT CIRCLE

City

GEORGETOWN

State

TX

Zip Code

78628-4713

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8702864

Amount of Each Receipt this Period

225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

685.00

TOTAL This Period (last page this line number only)

10020170076

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

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

FOR LINE NUMBER: PAGE 70 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR STEPHEN CANNELL

Mailing Address 1220 HILLCREST AVE

City State Zip Code
PASADENA CA 91106-4435

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF SELF EMPLOYED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666010

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
KIM CAPTAIN

Mailing Address 9211 KENDLE DRIVE

City State Zip Code
HOUSTON TX 77083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF SAFETY PROFESSIONAL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8662635

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JIM CARLETON

Mailing Address 5356 S FM 46

City State Zip Code
FRANKLIN TX 77856-4297

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8712818

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

10020170077

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

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

FOR LINE NUMBER: PAGE 71 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MICHAEL CARLIN

Mailing Address **4140 DIANE DR**

City State Zip Code
CLEVELAND OH 44126-1712

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
220.00

Date of Receipt

01 / 05 / 2010

Transaction ID: SA11.8659217

Amount of Each Receipt this Period

220.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. JOYCE P. CARLTON

Mailing Address **3187 ARROWHEAD CT**

City State Zip Code
WOODBIDGE VA 22192-1401

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼
240.00

Date of Receipt

01 / 11 / 2010

Transaction ID: SA11.8668057

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR DAYTON T. CARR

Mailing Address **424 E 52ND ST**

City State Zip Code
NEW YORK NY 10022-6444

FEC ID number of contributing federal political committee. **C**

Name of Employer
UCFA GROUP

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INVESTOR

Aggregate Year-to-Date ▼
220.00

Date of Receipt

01 / 12 / 2010

Transaction ID: SA11.8669464

Amount of Each Receipt this Period

220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

10020170078

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

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

FOR LINE NUMBER: PAGE 72 / 689

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JOSEPH T. CARRIGAN

Mailing Address 900 COPLEY LANE

City State Zip Code
SILVER SPRING MD 20904-1315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
220.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682847

Amount of Each Receipt this Period
220.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. TOM J. CARSON

Mailing Address P.O. BOX 71

City State Zip Code
STILWELL OK 74960-0071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1500.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8674933

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DONALD D. CARSTENS

Mailing Address 135 GUILA COURT

City State Zip Code
BATTLE CREEK MI 49015-9661

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
301.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8723009

Amount of Each Receipt this Period
301.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2021.00

TOTAL This Period (last page this line number only)

10020170079

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

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

FOR LINE NUMBER: PAGE 73 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. DEBORAH P. CARTER

Mailing Address 5746 DOBSON DRIVE

City State Zip Code
FAYETTEVILLE NC 28311-3451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8705500

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT R. CARTER

Mailing Address 5501 RAVINE RIDGE CV

City State Zip Code
AUSTIN TX 78746-1280

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2400.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8663914

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DAVID CARUSO

Mailing Address 42622 SUNY BAY CT

City State Zip Code
CHANTILLY VA 20152-6321

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DOMINION ADVISORY GROUP CONSULTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682389

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2890.00

TOTAL This Period (last page this line number only)

10020170000

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

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

FOR LINE NUMBER: PAGE 74 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
JAMES B. CARVEY

Mailing Address 148 ABELL HANGER CIR

City State Zip Code
MIDLAND TX 79707-6111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8742935

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. BERNATTE CASEY SMITH

Mailing Address 12 GLENWOOD RD

City State Zip Code
ROSLYN NY 11576-1029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8723795

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. RICHARD CASEY

Mailing Address 34 LAKE DR

City State Zip Code
BOONTON NJ 07005-1047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8660387

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

10020170081

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

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

FOR LINE NUMBER: PAGE 75 / 689

(check only one)

<input checked="" type="checkbox"/> X	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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. RICHARD CASEY

Mailing Address 34 LAKE DR

City State Zip Code
BOONTON NJ 07005-1047

FEC ID number of contributing federal political committee. C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8706728

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. RALPH V. CASTEEL

Mailing Address 62511 LOCUST ROAD

City State Zip Code
SOUTH BEND IN 46614-9200

FEC ID number of contributing federal political committee. C

Name of Employer
CASTEEL CONSTRUCTION CORP-
ORATI

Occupation
PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745741

Amount of Each Receipt this Period

800.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. VONNELLE H. CAYCE

Mailing Address 1876 DOGWOOD HOLLOW DRIVE

City State Zip Code
GERMANTOWN TN 38139-5519

FEC ID number of contributing federal political committee. C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8671722

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

10020170082

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

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

FOR LINE NUMBER: PAGE 76 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
EUGENE AUSTIN CHAMBERS

Mailing Address 1513 SEMINARY RDG

City State Zip Code
GARLAND TX 75043-1246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8712947

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
ALFRED CHANDLER

Mailing Address P.O. BOX 453

City State Zip Code
RANCHO SANTA FE CA 92067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745736

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. PRASANTA C. CHANDRA

Mailing Address 1168 BARBARA DR

City State Zip Code
CHERRY HILL NJ 08003-2723

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1050.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8659707

Amount of Each Receipt this Period

1050.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

1002017608 E

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

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

FOR LINE NUMBER: PAGE 77 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. HAROLD L. CHAPEL

Mailing Address 4667 W 21ST STREET CIRCLE

City GREELEY State CO Zip Code 80634-3265

FEC ID number of contributing federal political committee. **C**

Name of Employer BANNER HEALTH Occupation HEALTH CARE WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 05 / 2010

Transaction ID: SA11.8656267

Amount of Each Receipt this Period 500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. NESTOR R. CHARRIEZ

Mailing Address 4 WHEATLY CT

City SCOTCH PLAINS State NJ Zip Code 07076-2545

FEC ID number of contributing federal political committee. **C**

Name of Employer HARRISON SCOTT PUBLICATIONS, I Occupation ACCOUNTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 18 / 2010

Transaction ID: SA11.8690827

Amount of Each Receipt this Period 300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. NEAL CHASTAIN

Mailing Address 4022 18TH ST # 12C

City LUBBOCK State TX Zip Code 79416-6099

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 08 / 2010

Transaction ID: SA11.8664922

Amount of Each Receipt this Period 150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 950.00

TOTAL This Period (last page this line number only) ▶

10020170084

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

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

FOR LINE NUMBER: PAGE 78 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. NEAL CHASTAIN

Mailing Address 4022 18TH ST # 12C

City State Zip Code
LUBBOCK TX 79416-6099

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8735528

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. NEAL CHASTAIN

Mailing Address 4022 18TH ST # 12C

City State Zip Code
LUBBOCK TX 79416-6099

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8742937

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. NIRMAL CHATTERJEE

Mailing Address 2324 WILLOW DROP WAY

City State Zip Code
OVIEDO FL 32766-7082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667055

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2650.00

TOTAL This Period (last page this line number only)

10020170085

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

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

FOR LINE NUMBER: PAGE 79 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
GLENN E. CHEEK

Mailing Address 692 LOVINGGOOD RD

City RINGGOLD State GA Zip Code 30736-4006

FEC ID number of contributing federal political committee. **C**

Name of Employer DORSETT INDUSTRIES Occupation AUTOMOTIVE CARPET

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt 01 / 18 / 2010

Transaction ID: SA11.8689672

Amount of Each Receipt this Period 100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
GLENN E. CHEEK

Mailing Address 692 LOVINGGOOD RD

City RINGGOLD State GA Zip Code 30736-4006

FEC ID number of contributing federal political committee. **C**

Name of Employer DORSETT INDUSTRIES Occupation AUTOMOTIVE CARPET

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt 01 / 25 / 2010

Transaction ID: SA11.8725227

Amount of Each Receipt this Period 101.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. KAY H. CHESTER

Mailing Address P.O. BOX 6370

City AVON State CO Zip Code 81620-6370

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 13 / 2010

Transaction ID: SA11.8677243

Amount of Each Receipt this Period 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 701.00

TOTAL This Period (last page this line number only) ▶

10020170086

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

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

FOR LINE NUMBER: PAGE 80 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JOHN W. CHILDS

Mailing Address 111 HUNTINGTON AVENUE
SUITE 2900

City State Zip Code
BOSTON MA 02199-7636

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
J.W. CHILDS AND ASSOCIATES PRESIDENT

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
25000.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666741

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. ISAAC CHITRIT

Mailing Address 3262 S ALAMEDA ST

City State Zip Code
CORPUS CHRISTI TX 78404-2508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
240.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8738039

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. NANCY L. CHRISTENBURY

Mailing Address 2150 OLD SALEM RD SE

City State Zip Code
CONYERS GA 30013-2056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724497

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

25740.00

TOTAL This Period (last page this line number only)

10020170087

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

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

FOR LINE NUMBER: PAGE 81 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. WARREN T. CHRISTENSEN

Mailing Address 93 SKYLINE DRIVE

City State Zip Code
SAINT GEORGE UT 84770-2874

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8712992

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. DORIS CHURCH

Mailing Address 1973 DUNLOE CIRCLE

City State Zip Code
DUNEDIN FL 34698-3237

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8690238

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CALEB CIACELLI

Mailing Address 761 STATE ROUTE 369

City State Zip Code
PORT CRANE NY 13833-1013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8735868

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

10020170088

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

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

FOR LINE NUMBER: PAGE 82 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT C. CIARDULLO

Mailing Address 135 OSBORN ROAD

City

HARRISON

State

NY

Zip Code

10528-1017

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SELF-EMPLOYED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8723517

Amount of Each Receipt this Period

520.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JANICE CLACK

Mailing Address 505 RAYMOND ST

City

HELENA

State

MT

Zip Code

59601-5520

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8669878

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. JANICE CLACK

Mailing Address 505 RAYMOND ST

City

HELENA

State

MT

Zip Code

59601-5520

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8714648

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

721.00

TOTAL This Period (last page this line number only)

10020170089

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

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

FOR LINE NUMBER: PAGE 83 / 689
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
PAUL A. CLARK

Mailing Address 320 S TAYLOR ST

City State Zip Code
COVINGTON LA 70433-2444

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF DENTIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8696433

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
PAUL A. CLARK

Mailing Address 320 S TAYLOR ST

City State Zip Code
COVINGTON LA 70433-2444

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF DENTIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740870

Amount of Each Receipt this Period
110.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CATESBY W. CLAY

Mailing Address 616 CYNTHIANA ROAD

City State Zip Code
PARIS KY 40361-8834

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RUNNYMEADE FARM INC. HORSE BREEDER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8730458

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 760.00

TOTAL This Period (last page this line number only) ▶

10020170090

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. CATESBY W. CLAY

Mailing Address 616 CYNTHIANA ROAD

City State Zip Code
PARIS KY 40361-8834

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RUNNYMEADE FARM INC. HORSE BREEDER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8741979

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. RICHARD R. CLEMENCE

Mailing Address 28 PINEDALE ST

City State Zip Code
SOUTHBRIDGE MA 01550-2340

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HYDE GROUP INC VICE CHAIRMAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667095

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. RICHARD R. CLEMENCE

Mailing Address 28 PINEDALE ST

City State Zip Code
SOUTHBRIDGE MA 01550-2340

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HYDE GROUP INC VICE CHAIRMAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8733176

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

10020170091

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

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

FOR LINE NUMBER: PAGE 85 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. CLEVINGER

Mailing Address 5730 MOSER KNOB RD

City

FLOYDS KNOBS

State

IN

Zip Code

47119-8930

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8738055

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. BARBARA A. CLIFFORD

Mailing Address 9213 WH BURGESS DR

City

EL PASO

State

TX

Zip Code

79925-5116

FEC ID number of contributing federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8692517

Amount of Each Receipt this Period

220.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ELIZABETH A. CLIFFORD

Mailing Address 6714 SW BURLINGAME AVE

City

PORTLAND

State

OR

Zip Code

97219-2126

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8699619

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

10020170092

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

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

FOR LINE NUMBER: PAGE 86 / 689

(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)

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. ELEANOR COBB

Mailing Address 131 S VISTA STREET

City

LOS ANGELES

State

CA

Zip Code

90036-2707

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8732702

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN COCHRAN

Mailing Address 4031 KENNETT PIKE

City

WILMINGTON

State

DE

Zip Code

19807-2041

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8691482

Amount of Each Receipt this Period

210.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN COCHRAN

Mailing Address 4031 KENNETT PIKE

City

WILMINGTON

State

DE

Zip Code

19807-2041

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8747040

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

511.00

TOTAL This Period (last page this line number only)

10020170093

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

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

FOR LINE NUMBER: PAGE 87 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. BRYANT B. COHEN

Mailing Address 40 RIVERSIDE AVE
APARTMENT 1

City State Zip Code
STAMFORD CT 06905

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
GE CAPITAL TAX CONSULTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740776

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN P. COLE

Mailing Address P.O. BOX 6190

City State Zip Code
CAREFREE AZ 85377-6190

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 401.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8695414

Amount of Each Receipt this Period

401.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
BURLIN COLEMAN

Mailing Address P.O. BOX 2978

City State Zip Code
PIKEVILLE KY 41502-2978

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8704609

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1641.00

TOTAL This Period (last page this line number only)

10020170094

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

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

FOR LINE NUMBER: PAGE 88 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
M THOMAS COLLINS
Mailing Address 206 DEERFIELD LANE

City State Zip Code
FRANKLIN TN 37069

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8692377

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. R. DUANE COOK
Mailing Address 9205 SILVER LAKE DR

City State Zip Code
LEESBURG FL 34788-3422

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
OCALA HEART INSTITUTE CARDIOVASCULAR SURGEON

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8701801

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
CHARLES COOLEY
Mailing Address 2524 ARLINGTON RD

City State Zip Code
CLEVELAND HTS OH 44118-4010

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8694926

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

10020170095

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

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

FOR LINE NUMBER: PAGE 89 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
JAMES N COONEY

Mailing Address **8603 COMMERCE DR STE 6**

City State Zip Code
EASTON MD 21601-4207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DECO RECOVERY MGMT. LLC SELF EMPLOYED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **250.00**

Date of Receipt

01 / 05 / 2010

Transaction ID: SA11.8660458

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DARRYL E. COONS

Mailing Address **145 WAVERLY PL**

City State Zip Code
DULUTH MN 55803-2422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LLOYD K. JOHNSON PORTFOLIO MANAGER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **201.00**

Date of Receipt

01 / 20 / 2010

Transaction ID: SA11.8692606

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DARRYL E. COONS

Mailing Address **145 WAVERLY PL**

City State Zip Code
DULUTH MN 55803-2422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LLOYD K. JOHNSON PORTFOLIO MANAGER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **201.00**

Date of Receipt

01 / 25 / 2010

Transaction ID: SA11.8726073

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

451.00

TOTAL This Period (last page this line number only)

10020170096

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

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

FOR LINE NUMBER: PAGE 90 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. HAROLD CORLEY

Mailing Address 910 HIGH GREEN CT

City State Zip Code
MARIETTA GA 30068-2524

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8712786

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. HAROLD L. CORLEY, SR.

Mailing Address 910 HIGH GREEN COURT

City State Zip Code
MARIETTA GA 30068-2524

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8742139

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. JANET CORNELL

Mailing Address 2605 239TH AVE SE

City State Zip Code
SAMMAMISH WA 98075-9442

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8690294

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

10020170097

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

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

FOR LINE NUMBER: PAGE 91 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. PAUL A. CORRIGAN

Mailing Address 26980 CRESTWOOD DRIVE

City State Zip Code
FRANKLIN MI 48025-1378

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CORRIGAN MOVING SYSTEMS EXECUTIVE

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) 380.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8750815

Amount of Each Receipt this Period
380.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. ELSIE CORRO

Mailing Address 3912 WHEAT COURT

City State Zip Code
ALEXANDRIA VA 22311-1023

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) 240.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667061

Amount of Each Receipt this Period
240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DAVID L L. COVINGTON

Mailing Address 18855 GEORGE ST

City State Zip Code
SAN BENITO TX 78586-7232

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) 341.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8700654

Amount of Each Receipt this Period
101.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

721.00

TOTAL This Period (last page this line number only)

10020170098

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

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

FOR LINE NUMBER: PAGE 92 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DAVID L L. COVINGTON

Mailing Address 18855 GEORGE ST

City State Zip Code
SAN BENITO TX 78586-7232

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 341.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745353

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
BARBARA COWEN

Mailing Address 154 ESSEX DRIVE

City State Zip Code
TENAFLY NJ 07670

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF ATTORNEY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2010

Transaction ID: SA11.8661257

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. RUSSELL N. COX

Mailing Address 39 WENTWORTH RD

City State Zip Code
NEW CASTLE NH 03854

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED REAL ESTATE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2010

Transaction ID: SA11.8662005

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1240.00

TOTAL This Period (last page this line number only)

10020170099

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

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

FOR LINE NUMBER: PAGE 93 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. ELEANOR D. CRAWFORD

Mailing Address 204 SYCAMORE AVENUE

City State Zip Code
MODESTO CA 95354-0551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8670174

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. RUTH C. CRAWFORD

Mailing Address 9630 W. 41ST AVENUE

City State Zip Code
WHEAT RIDGE CO 80033-4100

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STATE OF COLORADO I.T. PROFESSIONAL

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8701802

Amount of Each Receipt this Period
650.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. JEANNE CRIDDLE

Mailing Address 1361 E BOOT RD
#122

City State Zip Code
WEST CHESTER PA 19380-5988

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672362

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1200.00

TOTAL This Period (last page this line number only) ▶

10020170100

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

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

FOR LINE NUMBER: PAGE 94 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
HON. BASIL CRITICOS

Mailing Address 40810 40TH STREET, W

City State Zip Code
PALMDALE CA 93551-1241

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED BUSINESS OWNER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737628

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT L. CROCKETT

Mailing Address 3508 150TH ST

City State Zip Code
LUBBOCK TX 79423-6328

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 249.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2010

Transaction ID: SA11.8662003

Amount of Each Receipt this Period

249.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DAVID W. CROMER

Mailing Address 10843 PHILIPS HWY

City State Zip Code
JACKSONVILLE FL 32256-1552

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BAYWOOD ANIMAL HOSPITAL VETERINARIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8657542

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1749.00

TOTAL This Period (last page this line number only)

10020170101

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

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

FOR LINE NUMBER: PAGE 95 / 689

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
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<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BILL CROSBY

Mailing Address 1821 LAKECREST CIR

City

SANTA ANA

State

CA

Zip Code

92705-1511

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8660491

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DENNIS CROSS

Mailing Address 25 E 86TH ST APT 7-F

City

NEW YORK

State

NY

Zip Code

10028-0553

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754237

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. GERALDINE A. CROWLEY

Mailing Address 65 OAKLAWN AVENUE
APARTMENT 311

City

CRANSTON

State

RI

Zip Code

02920-9326

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8670045

Amount of Each Receipt this Period

130.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

10020170102

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. GERALDINE A. CROWLEY

Mailing Address **65 OAKLAWN AVENUE**
APARTMENT 311

City State Zip Code
CRANSTON RI 02920-9326

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **240.00**

Date of Receipt

01 / 14 / 2010

Transaction ID: SA11.8680619

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MICHAEL CUBSTEAD

Mailing Address **1002 RICHARD CIR**

City State Zip Code
PALESTINE TX 75803-8574

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF OWNER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **300.00**

Date of Receipt

01 / 18 / 2010

Transaction ID: SA11.8691187

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. REID T. CULBERSON

Mailing Address **4708 SE MIZNER PLACE**

City State Zip Code
STUART FL 34997-2173

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **400.00**

Date of Receipt

01 / 26 / 2010

Transaction ID: SA11.8732590

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

10020170103

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

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

FOR LINE NUMBER: PAGE 97 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
JOHN A. CUMMINS

Mailing Address 2125 YELLOW MOUNTAIN ROAD SE

City State Zip Code
ROANOKE VA 24014

FEC ID number of contributing federal political committee. C

Name of Employer
KROGER MID ATLANTIC DIVISION

Occupation
PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
501.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740467

Amount of Each Receipt this Period

1.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JOHN A. CUMMINS

Mailing Address 2125 YELLOW MOUNTAIN ROAD SE

City State Zip Code
ROANOKE VA 24014

FEC ID number of contributing federal political committee. C

Name of Employer
KROGER MID ATLANTIC DIVISION

Occupation
PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
501.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748380

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. RICHARD CUMMINS

Mailing Address 808 IMPERIAL LN

City State Zip Code
CORSICANA TX 75110

FEC ID number of contributing federal political committee. C

Name of Employer
SELF

Occupation
SELF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682514

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

751.00

TOTAL This Period (last page this line number only)

10020170104

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

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

FOR LINE NUMBER: PAGE 98 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
RICHARD CUNNIFF

Mailing Address 360 WEST 43RD STREET

City State Zip Code
NEW YORK NY 10036

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MORGAN STANLEY EDITOR

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682383

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. TIMOTHY CURRAN

Mailing Address 441 FOOTE RD

City State Zip Code
SOUTH GLASTONBURY CT 06073-3406

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ALFTON POWERS EXECUTIVE

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8732150

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. THOMAS A. CURTIS

Mailing Address 7002 SCOTSDALE DR

City State Zip Code
SAN ANTONIO TX 78209-4277

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF FAST FOOD FRANCHISEE

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8690058

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

10020170105

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. HEBRON CUTRER

Mailing Address 201 GARRAPATA LANE

City State Zip Code
SAN ANTONIO TX 78232-1109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724608

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. THOMAS D'AURIA

Mailing Address 174 RUTLEDGE AVENUE

City State Zip Code
HAWTHORNE NY 10532-1502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
I.M.I. CONSULTANT

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 530.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8664485

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. THOMAS D'AURIA

Mailing Address 174 RUTLEDGE AVENUE

City State Zip Code
HAWTHORNE NY 10532-1502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
I.M.I. CONSULTANT

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 530.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754331

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

770.00

TOTAL This Period (last page this line number only) ▶

10620170106

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

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

FOR LINE NUMBER: PAGE 100 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
HUGH R. DANA

Mailing Address **1320 OMAHA AVE**

City **PLACENTIA** State **CA** Zip Code **92870-3911**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PRIVATE PRACTICE** Occupation **INTERNAL MEDICINE**

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8689321

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CHARLIE E. DANIELS

Mailing Address **2191 KYLE ROAD**

City **BARTLESVILLE** State **OK** Zip Code **74006-6336**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8746669

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. EDWARD DANIEL

Mailing Address **248 POIPU DR**

City **HONOLULU** State **HI** Zip Code **96825-2128**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8692279

Amount of Each Receipt this Period
220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1220.00

TOTAL This Period (last page this line number only)

10020170107

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

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

FOR LINE NUMBER: PAGE 101 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. JULIE J. DANIELS

Mailing Address 2191 KYLE ROAD

City State Zip Code
BARTLESVILLE OK 74006-6336

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
VOLUNTEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8692200

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
LEE DANIEL

Mailing Address 1356 WHITE HAWK RANCH DRIVE

City State Zip Code
BOULDER CO 80303

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
01 / 23 / 2010

Transaction ID: SA11.8723402

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
LEONIDAS O. DANSBY

Mailing Address 3383 N COUNTY ROAD 21

City State Zip Code
OZARK AL 36360-3098

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724794

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1800.00

TOTAL This Period (last page this line number only) ▶

10020170108

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

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

FOR LINE NUMBER: PAGE 102 / 689
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. JONATHAN DAVID

Mailing Address 206 N. BEDFORD ROAD

City CHAPPAQUA State NY Zip Code 10514-2723

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8680624

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. NORMAN DAVIDSON

Mailing Address 139 N. WESTGATE AVENUE

City LOS ANGELES State CA Zip Code 90049-2916

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8726955

Amount of Each Receipt this Period
201.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROGER C. DAVIDSON

Mailing Address 72 VALLEY RD

City KATONAH State NY Zip Code 10536-1721

FEC ID number of contributing federal political committee. **C**

Name of Employer REFUSED
Occupation REFUSED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1170.00

Date of Receipt
MM / DD / YYYY
01 / 01 / 2010

Transaction ID: SA11.8650508

Amount of Each Receipt this Period
170.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 1371.00

TOTAL This Period (last page this line number only) ▶

10020170109

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

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

FOR LINE NUMBER: PAGE 103 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ROGER C. DAVIDSON

Mailing Address 72 VALLEY RD

City State Zip Code
KATONAH NY 10536-1721

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
REFUSED REFUSED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1170.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8741976

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
GEORGE DAVIS

Mailing Address 200 KELLINGTON DR N APT 6108

City State Zip Code
KINGWOOD TX 77339-1582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE NONE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672585

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. HORACE L. DAVIS

Mailing Address 3222 SABLE RD

City State Zip Code
PARROTTSVILLE TN 37843-2229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS OWNER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8746725

Amount of Each Receipt this Period

220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1620.00

TOTAL This Period (last page this line number only)

10020170110

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

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

FOR LINE NUMBER: PAGE 104 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES S. DAVIS

Mailing Address PILOT HOUSE, LEWIS WHARF

City State Zip Code
BOSTON MA 02110

FEC ID number of contributing federal political committee. **C**

Name of Employer
NEW BALANCE ATHLETIC SHOE-S, INC.

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8747205

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN S. DAVIS

Mailing Address 1725N ROSSEVELT AVENUE

City State Zip Code
ALTADENA CA 91001-3618

FEC ID number of contributing federal political committee. **C**

Name of Employer
LOS ANGELES COUNTY JUVENILE CO

Occupation
REGISTERED NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737627

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

NANCY W DAVIS

Mailing Address P.O. BOX 421

City State Zip Code
SONORA TX 76950-0421

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8731427

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

25550.00

TOTAL This Period (last page this line number only)

10020170111

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 105 / 689
	(check only one)	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 12 16	<input type="checkbox"/> 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JOSEPH V. DE AUGUSTA

Mailing Address 7213 E SUMMIT TRAIL ST

City MESA State AZ Zip Code 85207-7160

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2010

Transaction ID: SA11.8748786

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
KAREN K. DEBLAAY

Mailing Address P.O. BOX 318

City ADA State MI Zip Code 49301

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 12 / 2010

Transaction ID: SA11.8671151

Amount of Each Receipt this Period 500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN P. DELANEY

Mailing Address 4731 PIN OAK RD

City AKRON State OH Zip Code 44333-1070

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 11 / 2010

Transaction ID: SA11.8668088

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶

10020170112

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

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

FOR LINE NUMBER: PAGE 106 / 689
(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. MICHAEL F. DELFINO

Mailing Address P.O. BOX 325

City State Zip Code
MONTROSE NY 10548-0325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ING FURMAN SELZ CAPITAL CHIEF EXECUTIVE OFFICER
MANAGE

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667997

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. AMANDA R. DELK

Mailing Address 3110 44TH STREET, NW

City State Zip Code
WASHINGTON DC 20016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER INFORMATION REQUESTED PER BEST EFFORTS
BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745186

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN A. DEMILIA

Mailing Address 166 DICKINSON LN

City State Zip Code
MAHWAH NJ 07430-3308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 451.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8656576

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

800.00

TOTAL This Period (last page this line number only) ▶

10020170113

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

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

FOR LINE NUMBER: PAGE 107 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN A. DEMILIA

Mailing Address 166 DICKINSON LN

City

MAHWAH

State

NJ

Zip Code

07430-3308

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8656577

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN A. DEMILIA

Mailing Address 166 DICKINSON LN

City

MAHWAH

State

NJ

Zip Code

07430-3308

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8687698

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN A. DEMILIA

Mailing Address 166 DICKINSON LN

City

MAHWAH

State

NJ

Zip Code

07430-3308

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8687699

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

10020170114

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

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

FOR LINE NUMBER: PAGE 108 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JOHN A. DEMILIA

Mailing Address 166 DICKINSON LN

City State Zip Code
MAHWAH NJ 07430-3308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **451.00**

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8693989

Amount of Each Receipt this Period
51.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN A. DEMILIA

Mailing Address 166 DICKINSON LN

City State Zip Code
MAHWAH NJ 07430-3308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **451.00**

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748029

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN A. DEMILIA

Mailing Address 166 DICKINSON LN

City State Zip Code
MAHWAH NJ 07430-3308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **451.00**

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748030

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

151.00

TOTAL This Period (last page this line number only)

10020170115

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

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

FOR LINE NUMBER: PAGE 109 / 689
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. JOHN A. DEMILIA

Mailing Address 166 DICKINSON LN

City MAHWAH State NJ Zip Code 07430-3308

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 451.00

Date of Receipt 01 / 29 / 2010
Transaction ID: SA11.8750013
Amount of Each Receipt this Period 50.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN A. DEMILIA

Mailing Address 166 DICKINSON LN

City MAHWAH State NJ Zip Code 07430-3308

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 451.00

Date of Receipt 01 / 29 / 2010
Transaction ID: SA11.8753467
Amount of Each Receipt this Period 50.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HOWARD E. DENBO

Mailing Address 45 CASTRO ST STE 138

City SAN FRANCISCO State CA Zip Code 94114-1029

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation MEDICAL DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt 01 / 25 / 2010
Transaction ID: SA11.8726445
Amount of Each Receipt this Period 201.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 301.00

TOTAL This Period (last page this line number only) ▶

10020170116

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

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

FOR LINE NUMBER: PAGE 110 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. DOROTHY P. DENIKE

Mailing Address 12411 OVERCUP DR

City

HOUSTON

State

TX

Zip Code

77024-4914

FEC ID number of contributing federal political committee.

C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8732363

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PAUL J. DEPUE

Mailing Address RR 2

City

HOMER

State

NY

Zip Code

13077

FEC ID number of contributing federal political committee.

C

Name of Employer RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8753047

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. JOSEPHINE H. DETMER

Mailing Address 14 SPRUCE LANE

City

CUMBERLAND FORESID

State

ME

Zip Code

04110-1415

FEC ID number of contributing federal political committee.

C

Name of Employer RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8733199

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1040.00

TOTAL This Period (last page this line number only)

10020170117

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DONALD R. DIAMOND

Mailing Address 2200 EAST RIVER ROAD
SUITE 115

City State Zip Code
TUCSON AZ 85718-6577

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DIAMOND MGT. PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738530

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOSEPH DIBENEDETTO

Mailing Address 610 CHESTNUT RIDGE RD

City State Zip Code
CHESTNUT RIDGE NY 10977-5622

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CONCORD ELEVATOR IND. INC. PRESIDENT CONCORD ELEV. IND. I

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724628

Amount of Each Receipt this Period
360.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ALAN T DICKSON

Mailing Address 2633 RICHARDSON DR

City State Zip Code
CHARLOTTE NC 28211-3355

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8709486

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5610.00

TOTAL This Period (last page this line number only)

10020170118

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

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

FOR LINE NUMBER: PAGE 112 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. STEVEN DIEHL
Mailing Address 14 CLOVER DR

City State Zip Code
HOLLIDAYSBURG PA 16648-2502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COVER RADIOLOGY ASSOCIATE DOCTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738355

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
BEVERLY DIETZ
Mailing Address 728 S UNION STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8662610

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN DIEU
Mailing Address 185 COTTONWOOD LANE

City State Zip Code
WICKENBURG AZ 85390-3306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8706747

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

10020170119

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

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

FOR LINE NUMBER: PAGE 113 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. A G. DILLARD, JR.

Mailing Address P.O. BOX 7427

City

CHARLOTTESVILLE

State

VA

Zip Code

22906-7427

FEC ID number of contributing
federal political committee.

C

Name of Employer
A G DILLARD INC

Occupation

PRESIDENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740775

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHARLES DILLER

Mailing Address 5616 PINEHURST WAY

City

MECHANICSBURG

State

PA

Zip Code

17050

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682975

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LARRY DIMMICK

Mailing Address 6928 E. MONTERRA WAY

City

SCOTTSDALE

State

AZ

Zip Code

85266-8801

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

REALTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8746837

Amount of Each Receipt this Period

550.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1290.00

TOTAL This Period (last page this line number only)

10020170120

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

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

FOR LINE NUMBER: PAGE 114 / 689
(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
							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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial) MRS. LOIS DINZOLE		Date of Receipt MM / DD / YYYY 01 / 19 / 2010	
Mailing Address 9706 PARTRIDGE LN		Transaction ID: SA11.8696822	
City VILLAGE OF LAKEWOOD	State IL	Zip Code 60014-6627	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) MR. M DISEVERIA		Date of Receipt MM / DD / YYYY 01 / 15 / 2010	
Mailing Address 16200 BELLINGHAM DR		Transaction ID: SA11.8687429	
City DARNESTOWN	State MD	Zip Code 20874-3240	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer DISEVERIA MANAGEMENT SERVICES, L.L.C.		Occupation SELF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) MR. JOSEPH E. DITTMAR		Date of Receipt MM / DD / YYYY 01 / 12 / 2010	
Mailing Address 3300 GRAF ST UNIT 40		Transaction ID: SA11.8669633	
City BOZEMAN	State MT	Zip Code 59715-7177	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

10020170121

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

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

FOR LINE NUMBER: PAGE 115 / 689

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. NANCY DIVER

Mailing Address **1004 OVERBROOK RD**

City **WILMINGTON** State **DE** Zip Code **19807-2236**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

01 / 15 / 2010

Transaction ID: **SA11.8682023**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MARION M. DODD

Mailing Address **11 HANOVER LANE**

City **SUGAR GROVE** State **IL** Zip Code **60554**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

01 / 29 / 2010

Transaction ID: **SA11.8753469**

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DAVID G. DODGE

Mailing Address **5722 GREENVIEW LN.**

City **WARRENTON** State **VA** Zip Code **20187-9313**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

01 / 15 / 2010

Transaction ID: **SA11.8682467**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

10020170122

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

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

FOR LINE NUMBER: PAGE 116 / 689
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial) MR. EDWARD DOHERTY			Date of Receipt MM / DD / YYYY 01 / 26 / 2010		
Mailing Address 4039 HERSCHEL AVE			Transaction ID: SA11.8733127		
City DALLAS	State TX	Zip Code 75219-2931	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.

Full Name (Last, First, Middle Initial) MR. BRIAN D. DOKULIL			Date of Receipt MM / DD / YYYY 01 / 16 / 2010		
Mailing Address 19816 WATERVIEW LN			Transaction ID: SA11.8689165		
City HUNTINGTON BEACH	State CA	Zip Code 92648-3050	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			CONTRIBUTION		
Name of Employer W B POWELL INC		Occupation SALES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.

Full Name (Last, First, Middle Initial) T I DOLAN			Date of Receipt MM / DD / YYYY 01 / 19 / 2010		
Mailing Address 4235 PERSIAN WOOD DR			Transaction ID: SA11.8693690		
City KALAMAZOO	State MI	Zip Code 49006-3957	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

10020170123

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

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

FOR LINE NUMBER: PAGE 117 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
RICHARD DOLBOW

Mailing Address 12441 US HIGHWAY 26

City State Zip Code
RIVERTON WY 82501-9256

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8750573

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MICHAEL J. DOMINGUEZ

Mailing Address 38 NAYATT ROAD

City State Zip Code
BARRINGTON RI 02806-3326

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PRIVATE EQUITY PARTNERS INVESTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
5000.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745182

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JOHN F. DONAHUE

Mailing Address 129 WESTLEDGE RD

City State Zip Code
WEST SIMSBURY CT 06092-2011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8719736

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

10020170124

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

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

FOR LINE NUMBER: PAGE 118 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. LOUISE O. DOUGHERTY

Mailing Address 304 ARLINGTON DR.

City State Zip Code
PASADENA CA 91105-3335

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754526

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. JAMES E. DOWLING

Mailing Address 112 LA CASA VIA SUITE 260

City State Zip Code
WALNUT CREEK CA 94598-2137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8696593

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ARTHUR DOWNES

Mailing Address 5058 GLENOAK DRIVE

City State Zip Code
LOUISVILLE OH 44641-8831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8658857

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

10020170125

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

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

FOR LINE NUMBER: PAGE 119 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ARTHUR DOWNES

Mailing Address 5058 GLENOAK DRIVE

City State Zip Code
LOUISVILLE OH 44641-8831

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8662829

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ARTHUR DOWNES

Mailing Address 5058 GLENOAK DRIVE

City State Zip Code
LOUISVILLE OH 44641-8831

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667300

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ARTHUR DOWNES

Mailing Address 5058 GLENOAK DRIVE

City State Zip Code
LOUISVILLE OH 44641-8831

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8702789

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

10020170126

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

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

FOR LINE NUMBER: PAGE 120 / 689
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial) MR. HUGH DOWNE		Date of Receipt MM / DD / YYYY 01 / 21 / 2010	
Mailing Address 6110 N OCEAN BLVD APARTMENT 30		Transaction ID: SA11.8712873	
City OCEAN RIDGE	State FL	Zip Code 33435-5248	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) MR. HUGH DOWNE		Date of Receipt MM / DD / YYYY 01 / 29 / 2010	
Mailing Address 6110 N OCEAN BLVD APARTMENT 30		Transaction ID: SA11.8752891	
City OCEAN RIDGE	State FL	Zip Code 33435-5248	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) MR. GERARD DSOUZA		Date of Receipt MM / DD / YYYY 01 / 26 / 2010	
Mailing Address 1610 HUNTERS GLEN CT		Transaction ID: SA11.8737899	
City WHEATON	State IL	Zip Code 60189-7464	Amount of Each Receipt this Period 240.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	540.00
TOTAL This Period (last page this line number only)	

10020170127

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

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

FOR LINE NUMBER: PAGE 121 / 689

(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

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. PATRICIA DUDLEY
Mailing Address 4034 GRANDVIEW AVE

City State Zip Code
MEMPHIS TN 38111-7612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8713894

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. KENNETH D. DUGGIN
Mailing Address 4295 NEITZEY PLACE

City State Zip Code
ALEXANDRIA VA 22309-3070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
501.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8723043

Amount of Each Receipt this Period
501.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JERRY C. DUMAS
Mailing Address 113 TIMBERLINE ROAD

City State Zip Code
SPEARFISH SD 57783-9642

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
251.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8707333

Amount of Each Receipt this Period
126.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

877.00

TOTAL This Period (last page this line number only)

10020170128

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

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

FOR LINE NUMBER: PAGE 122 / 689

(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JERRY C. DUMAS

Mailing Address 113 TIMBERLINE ROAD

City State Zip Code
SPEARFISH SD 57783-9642

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751364

Amount of Each Receipt this Period

125.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
COL. JAMES RALPH DUNBAR

Mailing Address 1011 ARLINGTON BLVD
APARTMENT 819

City State Zip Code
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED

Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8750879

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DAVE DUNCAN

Mailing Address 15815 CEDARMILL DR

City State Zip Code
CHESTERFIELD MO 63017-8717

FEC ID number of contributing federal political committee. C

Name of Employer RASITURIA BIOSCIENCE

Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8732742

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

10020170129

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

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

FOR LINE NUMBER: PAGE 123 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. THOMAS L. DUNMIRE
Mailing Address 740 OVERVIEW DR

City State Zip Code
SHELOCTA PA 15774-7627

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PARKWOOD RESOURCES INC MANAGER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8680215

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT E. DURGIN
Mailing Address 1454 S RASPBERRY CT

City State Zip Code
WARSAW IN 46580-6113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BENNET INC EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8719586

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. CAROL AUDREY DURST
Mailing Address 3640 DRAGONFLY DR APT 203

City State Zip Code
THOUSAND OAKS CA 91360-8445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MECHANICAL DRIVE AND BELT-ING EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8734517

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1050.00

TOTAL This Period (last page this line number only) ▶

10020170130

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

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

FOR LINE NUMBER: PAGE 124 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. GEORGE F. DUTROW

Mailing Address 616 CEDAR CLUB CIR

City State Zip Code
CHAPEL HILL NC 27517-7215

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
THE FORESTLAND GROUP, LLC FOREST INVESTMENTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) 250.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8678370

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
WALDEMAR DZIERZANOWSKI

Mailing Address 10361 FRANKLIN AVENUE

City State Zip Code
FRANKLIN PARK IL 60131-1542

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) 350.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8668407

Amount of Each Receipt this Period

350.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. GLENN EADEN

Mailing Address 1829 LAUREL RIDGE DR

City State Zip Code
NASHVILLE TN 37215-4808

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) 201.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8725457

Amount of Each Receipt this Period

201.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

801.00

TOTAL This Period (last page this line number only)

10020170131

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 689
(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DAVID C. EADES

Mailing Address 5 LYNDHURST PL

City State Zip Code
CHAMPAIGN IL 61820-7712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8753337

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WESLEY H. EATON

Mailing Address 304 BROOKSBY VILLAGE DR UNIT 308

City State Zip Code
PEABODY MA 01960-8583

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8700390

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. BEATRICE A. ECKART

Mailing Address 1460 GULF BLVD APT 102

City State Zip Code
CLEARWATER FL 33767-2845

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8690539

Amount of Each Receipt this Period
350.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

10020170132

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

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

FOR LINE NUMBER: PAGE 126 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
TIBOR ECKHARDT
Mailing Address **224 S LEE ST**

City State Zip Code
BEVERLY HILLS FL 34465-4149

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8750528

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
TIBOR ECUHARDT
Mailing Address **224 50 LEE ST**

City State Zip Code
BEVERLY HILLS FL 34465

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8745306

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. RICHARD A. EDWARDS
Mailing Address **5 AMANDA COURT**

City State Zip Code
CORTLANDT MANOR NY 10567-6407

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 20 / 2010

Transaction ID: SA11.8701806

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

10020170133

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

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

FOR LINE NUMBER: PAGE 127 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIE EDWARDS

Mailing Address 3515 ELYSIAN STREET

City

HOUSTON

State

TX

Zip Code

77009

FEC ID number of contributing federal political committee.

C

Name of Employer
NONE

Occupation
NONE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8711132

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIE EDWARDS

Mailing Address 3515 ELYSIAN STREET

City

HOUSTON

State

TX

Zip Code

77009

FEC ID number of contributing federal political committee.

C

Name of Employer
NONE

Occupation
NONE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8711135

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID EFFLANDT

Mailing Address P.O. BOX 988

City

ELGIN

State

IL

Zip Code

60121-0988

FEC ID number of contributing federal political committee.

C

Name of Employer
CLA-VAL CO.

Occupation
SALES ENGINEER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8704668

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

10020170134

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

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

FOR LINE NUMBER: PAGE 128 / 689
(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DONALD J. EHRLICH

Mailing Address 6830 RIPPLE CREEK DR

City State Zip Code
LAFAYETTE IN 47905-7535

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8677144

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
COLONEL ARNE H. ELIASSON

Mailing Address 3152 GRACEFIELD RD
APARTMENT 219

City State Zip Code
SILVER SPRING MD 20904-5899

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8715019

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
COLONEL ARNE H. ELIASSON

Mailing Address 3152 GRACEFIELD RD
APARTMENT 219

City State Zip Code
SILVER SPRING MD 20904-5899

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8746636

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

10020170135

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

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

FOR LINE NUMBER: PAGE 129 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
PATRICK H ELLIOTT

Mailing Address 6720 OLIVER AVE S

City State Zip Code
RICHFIELD MN 55423-2121

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ELLIETT LU OFFICES ATTORNEY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8660586

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CARL W. ELLIS

Mailing Address 181 CALLA AVE

City State Zip Code
IMPERIAL BCH CA 91932-1003

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8662961

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. H WENDELL ELLIS

Mailing Address 1665 RENEAU RD

City State Zip Code
ONEONTA AL 35121-7539

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8673242

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

10020170136

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

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

FOR LINE NUMBER: PAGE 130 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NORMA G. ELTRINGHAM

Mailing Address 3041 S 7TH ST

City

ABILENE

State

TX

Zip Code

79605-2966

FEC ID number of contributing federal political committee.

C

Name of Employer
RAMSY BOOKKEEPING

Occupation
BOOKKEEPING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8675157

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHARLES R. ELY, JR.

Mailing Address 206 ELY DRIVE S.

City

NORTHVILLE

State

MI

Zip Code

48167-2709

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8702858

Amount of Each Receipt this Period

120.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES R. ELY, JR.

Mailing Address 206 ELY DRIVE S.

City

NORTHVILLE

State

MI

Zip Code

48167-2709

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724789

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

10020170137

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

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

FOR LINE NUMBER: PAGE 131 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. PHILIP D. ENGLISH

Mailing Address 7350 BRIGHTSIDE ROAD

City State Zip Code
BALTIMORE MD 21212-1011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BRADENSHIRE COMPANY PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 11 / 2010

Transaction ID: SA11.8668000

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
GAIL ENNIS

Mailing Address P.O. BOX 2

City State Zip Code
GIBSON ISLAND MD 21056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WILMERHALE ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 20 / 2010

Transaction ID: SA11.8692838

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
RALPH ERIAN

Mailing Address 338 BRANCH OAK WAY

City State Zip Code
SAN ANTONIO TX 78230-5606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 13 / 2010

Transaction ID: SA11.8677280

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

10020170138

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 132 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILTON ESKRIDGE

Mailing Address P.O. BOX 876

City

MARION

State

SC

Zip Code

29571-1104

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8673643

Amount of Each Receipt this Period

120.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILTON ESKRIDGE

Mailing Address P.O. BOX 876

City

MARION

State

SC

Zip Code

29571-1104

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740793

Amount of Each Receipt this Period

120.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CONSTANCE L. ESTES

Mailing Address 5434 E. LINCOLN DRIVE
NUMBER 44

City

PARADISE VALLEY

State

AZ

Zip Code

85253-4118

FEC ID number of contributing federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8732006

Amount of Each Receipt this Period

201.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

441.00

TOTAL This Period (last page this line number only)

10020170139

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

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

FOR LINE NUMBER: PAGE 133 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ANNE ESTRADA

Mailing Address 217 20TH ST

City

SANTA MONICA

State

CA

Zip Code

90402-2411

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8690881

Amount of Each Receipt this Period

520.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DALE S. EVANS

Mailing Address 430 KEONIANA ST APT 807

City

HONOLULU

State

HI

Zip Code

96815-2040

FEC ID number of contributing federal political committee.

C

Name of Employer
CHARLEYS TAXI DISPATCH CO-
RP

Occupation
CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748829

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

WILLIAM EVANS

Mailing Address 360 MCCOY RD

City

YAKIMA

State

WA

Zip Code

98908-8648

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
FRUIT GROWER, SHIPPER, PACKER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8697976

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1270.00

TOTAL This Period (last page this line number only)

10020170140

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

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

FOR LINE NUMBER: PAGE 134 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. VINCENT EYHERABIDE

Mailing Address 18912 W. INDIAN SCHOOL ROAD

City State Zip Code
LITCHFIELD PARK AZ 85340-9527

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF-EMPLOYED DAIRY RANCHER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 401.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724365

Amount of Each Receipt this Period
401.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. GAIL FABRICANT

Mailing Address 2315 PACIFIC DR

City State Zip Code
CORONA DEL MAR CA 92625-2804

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8676790

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JONATHAN B. FAIRBANKS

Mailing Address 2000 WEST LOOP S
SUITE 2110

City State Zip Code
HOUSTON TX 77027

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
GEC INVESTOR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8675727

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5611.00

TOTAL This Period (last page this line number only)

10020170141

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

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

FOR LINE NUMBER: PAGE 135 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
JULIE JENKINS FANCELLI

Mailing Address 1355 JEFFERSON DR

City State Zip Code
LAKELAND FL 33803-2358

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
20000.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8681898

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. CAROL M. FARMER

Mailing Address 698 PINEY CREEK ROAD

City State Zip Code
BELLVILLE TX 77418-9622

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
251.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8691465

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. CAROL M. FARMER

Mailing Address 698 PINEY CREEK ROAD

City State Zip Code
BELLVILLE TX 77418-9622

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
251.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724165

Amount of Each Receipt this Period

201.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

20251.00

TOTAL This Period (last page this line number only)

10020170142

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

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

FOR LINE NUMBER: PAGE 136 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. ANITA C. FARNSWORTH

Mailing Address 460 SOUTH GREENFIELD ROAD

City State Zip Code
MESA AZ 85206-2062

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738523

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROSS N. FARNSWORTH, SR

Mailing Address 460 S GREENFIELD RD
SUITE 2

City State Zip Code
MESA AZ 85206-2062

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
FARNSWORTH COMPANIES CEO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 10400.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8692371

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROSS N. FARNSWORTH, SR

Mailing Address 460 S GREENFIELD RD
SUITE 2

City State Zip Code
MESA AZ 85206-2062

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
FARNSWORTH COMPANIES CEO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 10400.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8692372

Amount of Each Receipt this Period
400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

15400.00

TOTAL This Period (last page this line number only) ▶

10020170143

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

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

FOR LINE NUMBER: PAGE 137 / 689
(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DONALD E. FARRAR

Mailing Address 5 BOURNEMOUTH RD

City State Zip Code
SAINT HELENA CA 94574-9718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8674698

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
CANDACE FAULK

Mailing Address 411 TERRACE DRIVE

City State Zip Code
HOUSTON TX 77007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE NONE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8678620

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DAVID FEAVEL

Mailing Address 3506 MERRICK ST

City State Zip Code
HOUSTON TX 77025-1930

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EXL PETROLEUM LP PARTNER GEOLOGIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8689548

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

TOTAL This Period (last page this line number only) ▶

10020170144

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

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

FOR LINE NUMBER: PAGE 138 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
JOSEPH L. FEIGENBAUM

Mailing Address 2063 S MADRONA DR

City State Zip Code
PALM SPRINGS CA 92264-9220

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8662870

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
RAFAEL A. FERNANDEZ

Mailing Address 7341 MILLER DR

City State Zip Code
MIAMI FL 33155-5503

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ARROWMAIL PAESOET CO INC MANAGEMENT

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8731392

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MARK FESEN

Mailing Address 2609 LINKSLAND DR

City State Zip Code
HUTCHINSON KS 67502-9260

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HUTCHINSON CLINIC PHYSICIAN

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8697248

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

TOTAL This Period (last page this line number only) ▶

10020170145

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

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

FOR LINE NUMBER: PAGE 139 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. PHILLIP S. FETTERMAN

Mailing Address 11442 SHERATON DR

City State Zip Code
BATON ROUGE LA 70815-6345

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation ENGINEER

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8735334

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WILLIAM J. FIGUEROA

Mailing Address 13750 SAXON LAKE DR

City State Zip Code
JACKSONVILLE FL 32225-2617

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748795

Amount of Each Receipt this Period
240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT A. FILES

Mailing Address 10418 E CELESTIAL DR

City State Zip Code
SCOTTSDALE AZ 85262-5120

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8685211

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

10020170146

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

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

FOR LINE NUMBER: PAGE 140 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. PATRICIA FINCH

Mailing Address 43 WOLF RIDGE DR

City State Zip Code
HOLLAND OH 43528-9467

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PATRICIA FINCH OWNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 276.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8708934

Amount of Each Receipt this Period
151.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. PATRICIA FINCH

Mailing Address 43 WOLF RIDGE DR

City State Zip Code
HOLLAND OH 43528-9467

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PATRICIA FINCH OWNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 276.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754474

Amount of Each Receipt this Period
125.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. JULIE FINLEY

Mailing Address 3242 WOODLAND DR NW

City State Zip Code
WASHINGTON DC 20008-3547

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738492

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2776.00

TOTAL This Period (last page this line number only)

10020170147

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

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

FOR LINE NUMBER: PAGE 141 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. RONALD W. FISCHER
Mailing Address P.O. BOX 55

City State Zip Code
TOMBSTONE AZ 85638-0055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667990

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JAMES FISHER
Mailing Address 3040 JAVA ROAD

City State Zip Code
COSTA MESA CA 92626-3506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8695264

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. RICHARD HARDING FISHER
Mailing Address 1921 MC VITTY

City State Zip Code
SALEM VA 24153-7405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8659705

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1000.00

10020170148

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

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

FOR LINE NUMBER: PAGE 142 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. SHIRLEY FISHER

Mailing Address 3171 W PASA TIEMPO AVE

City State Zip Code
FRESNO CA 93711-0242

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
241.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8742429

Amount of Each Receipt this Period

241.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DONALD V. FITES

Mailing Address 602 E HIGH PT

City State Zip Code
PEORIA IL 61629-0001

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED

Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8701805

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN FITZPATRICK

Mailing Address P.O. BOX 954

City State Zip Code
STOCKBRIDGE MA 01262-0954

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED

Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8693035

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1741.00

TOTAL This Period (last page this line number only) ▶

10020170149

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

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

FOR LINE NUMBER: PAGE 143 / 689
(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. CHERIE FLORES

Mailing Address PO BOX 1083

City

HOUSTON

State

TX

Zip Code

77251-1083

FEC ID number of contributing federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738538

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MARK B. FLORIAN

Mailing Address 378 BROOKSIDE RD

City

DARIEN

State

CT

Zip Code

06820-2205

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8735296

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

BRIAN FLOURNOY

Mailing Address 6003 ARDEN RD

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing federal political committee.

C

Name of Employer
NONE

Occupation

NONE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 17 / 2010

Transaction ID: SA11.8689284

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

30900.00

TOTAL This Period (last page this line number only)

10020170150

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

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

FOR LINE NUMBER: PAGE 144 / 689
(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CDR. REGINALD S. FOGG

Mailing Address 1001 CRESCENT BND

City State Zip Code
FALLBROOK CA 92028-3668

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8671569

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
CDR. REGINALD S. FOGG

Mailing Address 1001 CRESCENT BND

City State Zip Code
FALLBROOK CA 92028-3668

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724045

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ED R. FORAKER

Mailing Address 6735 E SAN JUAN AVE

City State Zip Code
PARADISE VALLEY AZ 85253-5965

FEC ID number of contributing federal political committee. C

Name of Employer
C B M GAS CO

Occupation
BUSINESS OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8739288

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

10020170151

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

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

FOR LINE NUMBER: PAGE 145 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MR. IAN G. FORBES-WATKINS	Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address 7801 E CHARTER OAK RD	Transaction ID: SA11.8733104
	City State Zip Code SCOTTSDALE AZ 85260-4855	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
B.	Full Name (Last, First, Middle Initial) MR. DANIEL FORD	Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address 50 DEFIANCE LN	Transaction ID: SA11.8737400
	City State Zip Code ORLEANS MA 02653-2211	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) MR. ELDON FORD	Date of Receipt MM / DD / YYYY 01 / 15 / 2010
	Mailing Address 19 LA LITA LANE	Transaction ID: SA11.8685118
	City State Zip Code SANTA BARBARA CA 93105-1916	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)		850.00
TOTAL This Period (last page this line number only)		

10020170152

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 146 / 689
(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ELDON FORD
Mailing Address **19 LA LITA LANE**

City State Zip Code
SANTA BARBARA CA 93105-1916

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8734413

Amount of Each Receipt this Period
120.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
GERALD FORET
Mailing Address **40311 VICTORY DRIVE**

City State Zip Code
FRANKLINTON LA 70438

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682479

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. GERALD L. FORET
Mailing Address **43011 VICTORY DR**

City State Zip Code
FRANKLINTON LA 70438-5129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EAST TEF/HOS. PHYSICIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666000

Amount of Each Receipt this Period
315.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **685.00**

TOTAL This Period (last page this line number only)

10020170153

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

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

FOR LINE NUMBER: PAGE 148 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
SHIRLEY I. FRAKES

Mailing Address 17 HAWS LN

City State Zip Code
FLOURTOWN PA 19031-2036

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED PHYSICIAN

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748455

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. NANCY FRANCK

Mailing Address 933 111TH AVE NE APT 403

City State Zip Code
BELLEVUE WA 98004-8541

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8679837

Amount of Each Receipt this Period
450.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
GEN. JOSEPH FRANKLIN

Mailing Address 1559 22ND ST N

City State Zip Code
ARLINGTON VA 22209-1131

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8695703

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1700.00

TOTAL This Period (last page this line number only) ▶

10020170155

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

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

FOR LINE NUMBER: PAGE 149 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

E FREEDMAN

Mailing Address 63 SYLVAN LN

City

WESTON

State

MA

Zip Code

02493-1027

FEC ID number of contributing federal political committee.

C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8659664

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

E FREEDMAN

Mailing Address 63 SYLVAN LN

City

WESTON

State

MA

Zip Code

02493-1027

FEC ID number of contributing federal political committee.

C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8688116

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MAX FREEMAN

Mailing Address 1915 HOLLYGLEN DR

City

TYLER

State

TX

Zip Code

75703-3395

FEC ID number of contributing federal political committee.

C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8739741

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

10020170156

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

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

FOR LINE NUMBER: PAGE 150 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ALAN FRICK

Mailing Address 580 BRADFORD ST

City State Zip Code
PASADENA CA 91105-0409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BABALAN SALES EXECUTIVE

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666012

Amount of Each Receipt this Period
220.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
LEON FRID

Mailing Address 17603 WOODS EDGE DR

City State Zip Code
DALLAS TX 75287-7547

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED MEDICAL DOCTOR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745646

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. BEREND FRIEHE

Mailing Address 2498 ROAD S, NE

City State Zip Code
MOSES LAKE WA 98837-9539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FRIEHE FARMS FARMER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672567

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

10020170157

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

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

FOR LINE NUMBER: PAGE 151 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
TED FROSTENSON

Mailing Address **59649 OKANAGAN LN**

City State Zip Code
BEND OR 97702-9649

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 20 / 2010

Transaction ID: SA11.8703556

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WINSTON FULLER

Mailing Address **314 BUENA VISTA**

City State Zip Code
NEWPORT BEACH CA 92661-1125

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 20 / 2010

Transaction ID: SA11.8700894

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. WINSTON FULLER, JR.

Mailing Address **314 BUENA VIS**

City State Zip Code
NEWPORT BEACH CA 92661-1125

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 05 / 2010

Transaction ID: SA11.8660080

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

10020170158

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

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

FOR LINE NUMBER: PAGE 152 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT M. FUREK

Mailing Address 1370 CUTLER CT.

City State Zip Code
MARCO ISLAND FL 34145-5841

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8675847

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WARREN GALKIN

Mailing Address 29 SAGE DR

City State Zip Code
WARWICK RI 02886-6826

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
NATCO PRODUCTS CORPORATION EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745643

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. NATHAN C. GALLOWAY

Mailing Address 74 AUGUSTINE CT

City State Zip Code
ODESSA TX 79765-8513

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2010

Transaction ID: SA11.8662249

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

10020170159

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

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

FOR LINE NUMBER: PAGE 153 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. NATHAN C. GALLOWAY

Mailing Address 74 AUGUSTINE CT

City State Zip Code
ODESSA TX 79765-8513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724451

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JULIAN A. GANZ, JR.

Mailing Address 137 S ROCKINGHAM AVE

City State Zip Code
LOS ANGELES CA 90049-2513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8742115

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JULIAN A. GANZ, JR.

Mailing Address 137 S ROCKINGHAM AVE

City State Zip Code
LOS ANGELES CA 90049-2513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8747800

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

10020170160

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

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

FOR LINE NUMBER: PAGE 154 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. PAUL R. GARCIA

Mailing Address 4747 NORTHSIDE DR NW

City State Zip Code
ATLANTA GA 30327-4551

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748794

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MISS DARLENE MATHIS GARDNER

Mailing Address 8115 E BEACH DR NW

City State Zip Code
WASHINGTON DC 20012-1006

FEC ID number of contributing federal political committee. **C**

Name of Employer
SYSTEMS DESIGNS, INC.

Occupation
INTERIOR DESIGNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666731

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

REFUND TO BE ISSUED

C.

Full Name (Last, First, Middle Initial)
MRS. SHIRLEY A. GARNESS

Mailing Address 2614 SPRUCEWOOD ST

City State Zip Code
ANCHORAGE AK 99508-3979

FEC ID number of contributing federal political committee. **C**

Name of Employer
GAMES INDUSTRIAL

Occupation
SALES/ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
301.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8687166

Amount of Each Receipt this Period

301.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3041.00

TOTAL This Period (last page this line number only)

19020170161

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

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

FOR LINE NUMBER: PAGE 155 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. FRED GARST

Mailing Address P.O. BOX 49

City

BOONES MILL

State

VA

Zip Code

24065-0049

FEC ID number of contributing federal political committee.

C

Name of Employer
THE FRANKLIN GROUP

Occupation

LUMBER BUSINESS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8692271

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FRED GARST

Mailing Address P.O. BOX 49

City

BOONES MILL

State

VA

Zip Code

24065-0049

FEC ID number of contributing federal political committee.

C

Name of Employer
THE FRANKLIN GROUP

Occupation

LUMBER BUSINESS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8736333

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. TIMOTHY A. GARVEY

Mailing Address 4721 ANNAWAY DR

City

MINNEAPOLIS

State

MN

Zip Code

55436-1303

FEC ID number of contributing federal political committee.

C

Name of Employer
TWIN CITIES SPINE CENTER

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8664629

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

10020170162

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

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

FOR LINE NUMBER: PAGE 156 / 689

(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
							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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LUDA GASHENKO

Mailing Address 2247 SORBUS WAY

City

ANCHORAGE

State

AK

Zip Code

99508-4051

FEC ID number of contributing federal political committee.

C

Name of Employer
CLOVERSHIP

Occupation
OWNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

671.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8690366

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

LUDA GASHENKO

Mailing Address 2247 SORBUS WAY

City

ANCHORAGE

State

AK

Zip Code

99508-4051

FEC ID number of contributing federal political committee.

C

Name of Employer
CLOVERSHIP

Occupation
OWNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

671.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8742484

Amount of Each Receipt this Period

146.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

LUDA GASHENKO

Mailing Address 2247 SORBUS WAY

City

ANCHORAGE

State

AK

Zip Code

99508-4051

FEC ID number of contributing federal political committee.

C

Name of Employer
CLOVERSHIP

Occupation
OWNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

671.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751734

Amount of Each Receipt this Period

225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

671.00

TOTAL This Period (last page this line number only)

10020170163

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

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

FOR LINE NUMBER: PAGE 157 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. ALAN GAZZANIGA

Mailing Address 12102 RED HILL AVE

City State Zip Code
SANTA ANA CA 92705-3100

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8677636

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JAY M. GEIER

Mailing Address 3116 W ADDISON DR

City State Zip Code
ALPHARETTA GA 30022-1826

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8686563

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. FRANK N. GENOVESE

Mailing Address 176 THE BRANCHES

City State Zip Code
KITTANNING PA 16201-7460

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SURGEON

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667984

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

10020170164

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

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

FOR LINE NUMBER: PAGE 158 / 689
(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ANDY GIANOPOULOS

Mailing Address 5035 MAPLETON DR

City State Zip Code
WEST LINN OR 97068-2149

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
LARSENS BUTTER MAKER

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 300.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8676118

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
ANDY GIANOPOULOS

Mailing Address 5035 MAPLETON DR

City State Zip Code
WEST LINN OR 97068-2149

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
LARSENS BUTTER MAKER

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 300.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8753548

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ANDRE J. GIBSON

Mailing Address 14145 SOUTHWOOD DRIVE

City State Zip Code
FONTANA CA 92337

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MPOWER MORTGAGE INC REAL ESTATE CONSULTANT

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 251.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8658797

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

10020170165

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

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

FOR LINE NUMBER: PAGE 159 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ANDRE J. GIBSON

Mailing Address 14145 SOUTHWOOD DRIVE

City State Zip Code
FONTANA CA 92337

FEC ID number of contributing federal political committee.

C

Name of Employer
MPOWER MORTGAGE INC

Occupation
REAL ESTATE CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8662636

Amount of Each Receipt this Period

101.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN GIBSON

Mailing Address 3939 OCEAN DR PH C2

City State Zip Code
VERO BEACH FL 32963-1317

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8676238

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAY GILLAN

Mailing Address 249 REYNOLDS DR

City State Zip Code
EATONTON GA 31024-5500

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8670434

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1351.00

TOTAL This Period (last page this line number only)

10020170166

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

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

FOR LINE NUMBER: PAGE 160 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. DOROTHY GILLESPIE
Mailing Address 307 KATIE AVENUE

City State Zip Code
HATTIESBURG MS 39401-4336

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF-EMPLOYED DOCTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1520.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8733058

Amount of Each Receipt this Period
1520.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. MARION R. GILLESPIE
Mailing Address 108 CARTER OAKS DRIVE

City State Zip Code
ANDERSON SC 29621-1903

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8720816

Amount of Each Receipt this Period
240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
LARRY GILPIN
Mailing Address 23515 PIONEER TRL

City State Zip Code
LORETTO MN 55357-9754

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8662717

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

2060.00

TOTAL This Period (last page this line number only) ▶

10020170167

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

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

FOR LINE NUMBER: PAGE 161 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. BONNIE R. GLASSCO

Mailing Address 1750 BOHANNON ROAD

City State Zip Code
BOAZ AL 35957-3705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8679621

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. EARNEST F. GLOYNA

Mailing Address 4100 JACKSON AVENUE
APARTMENT #305

City State Zip Code
AUSTIN TX 78731-6055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8679557

Amount of Each Receipt this Period
225.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MARK P. GODSEY

Mailing Address 3701 S ORANGE CIR

City State Zip Code
BROKEN ARROW OK 74011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EAGLE RIVER ENERGY CORP PRESIDENT

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683493

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

10020170168

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

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

FOR LINE NUMBER: PAGE 162 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GRADY GOLDEN

Mailing Address P.O. BOX 295

City

SHREVEPORT

State

LA

Zip Code

71162-0295

FEC ID number of contributing federal political committee.

C

Name of Employer
BUILDERS SUPPLY COMPANY
INC.

Occupation
EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8709823

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. LYNNE D. GOODING

Mailing Address 3900 W 121ST TER

City

LEAWOOD

State

KS

Zip Code

66209-1043

FEC ID number of contributing federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8664633

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. CHRISTIANE L. GOODRICH

Mailing Address 120 RADNEY RD

City

HOUSTON

State

TX

Zip Code

77024-7321

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8739890

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

10020170169

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

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

FOR LINE NUMBER: PAGE 163 / 689
(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. JUDEE A. GORDON

Mailing Address 561 HUNTER ST

City State Zip Code
LANTANA TX 76226-6607

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8684496

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JAMES C. GORMAN

Mailing Address 1885 MILLSBORO RD

City State Zip Code
MANSFIELD OH 44906-3324

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
GORMAN RUPP CO CHAIRMAN

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8752462

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES C. GORMAN

Mailing Address P.O. BOX 2599

City State Zip Code
MANSFIELD OH 44906-0599

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
GORMAN-RUPP COMPANY CHAIRMAN

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667986

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

10020170170

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

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

FOR LINE NUMBER: PAGE 164 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DON GORMLY

Mailing Address **1685 SHAFFER ROAD**

City State Zip Code
ATWATER CA 95301-4456

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GHM MANAGEMENT C.E.O.

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
5000.00

Date of Receipt

01 / 27 / 2010

Transaction ID: **SA11.8738483**

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. LINO A. GRAGLIA

Mailing Address **3505 TAYLORS DR.**

City State Zip Code
AUSTIN TX 78703-1049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIVERSITY OF TEXAS TEACHER

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
225.00

Date of Receipt

01 / 27 / 2010

Transaction ID: **SA11.8742936**

Amount of Each Receipt this Period

225.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. WALLACE K. GRAHAM

Mailing Address **14 FROST ROAD**

City State Zip Code
NORTHWOOD NH 03261-4035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
501.00

Date of Receipt

01 / 27 / 2010

Transaction ID: **SA11.8740771**

Amount of Each Receipt this Period

501.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5726.00

TOTAL This Period (last page this line number only)

16626170171

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

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

FOR LINE NUMBER: PAGE 165 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. PAUL D. GRANGAARD

Mailing Address 6927 MARK TERRACE CIR

City State Zip Code
MINNEAPOLIS MN 55439-1622

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALLEN EDMONDS SHOE CORPORATION SHOE COMPANY EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8657343

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. JAMES GRATTAN

Mailing Address 2214 TOPEKA AVE

City State Zip Code
LUBBOCK TX 79407-2330

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TEXAS CARDIAC CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8689365

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MARK N. GRAVDAL

Mailing Address 297 CASCADE DRIVE

City State Zip Code
CRYSTAL LAKE IL 60012-3345

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WALGREEN HEALTH SERVICES PHARMACIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8750816

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

10020170172

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

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

FOR LINE NUMBER: PAGE 166 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. HERBERT GRAY

Mailing Address P.O. BOX J

City State Zip Code
PORTSMOUTH VA 23705-0260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SWEETBRIAR DEVELOPMENT CO- RPORA CORPORATE OFFICER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 241.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8731741

Amount of Each Receipt this Period

241.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN GRAY

Mailing Address 12510 LAKE RIDGE DR STE A

City State Zip Code
WOODBRIIDGE VA 22192-7501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CEO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8689762

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
LINDA GRAY

Mailing Address 3005 NANCY CREEK RD NW

City State Zip Code
ATLANTA GA 30327-1906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8709478

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

741.00

TOTAL This Period (last page this line number only)

19020170173

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

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

FOR LINE NUMBER: PAGE 167 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DAVID GREEN

Mailing Address **421 W CHANNEL RD**

City State Zip Code
SANTA MONICA CA 90402-1144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOTCHKIS AND WILEY CAPITAL MGMT PORTFOLIO MANAGER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737468

Amount of Each Receipt this Period
400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. MILTON S. GREESON

Mailing Address **2605 E LOMA VISTA AVE**

City State Zip Code
VICTORIA TX 77901-4432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS CORPORATE SECRETARY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **201.00**

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8700743

Amount of Each Receipt this Period
201.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES M. GREGORY

Mailing Address **101 ROBINSON WALK
UNIT B**

City State Zip Code
BRISTOL TN 37620-5935

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SJ STRATEGIC INVESTMENTS ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **25000.00**

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745184

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

25601.00

TOTAL This Period (last page this line number only)

10020170174

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 168 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. JANE GREYER
Mailing Address 33 SPRUCE ST

City State Zip Code
ROCKPORT ME 04856-4435

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8705470

Amount of Each Receipt this Period
750.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. TYLER GRIFFIN
Mailing Address 77 MIDDLE RD APT 360

City State Zip Code
BRYN MAWR PA 19010-1779

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8695292

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. PRISCILLA L. GRIGAS
Mailing Address P.O. BOX 114

City State Zip Code
CONVENT STA NJ 07961-0114

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8742142

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

10020170175

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

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

FOR LINE NUMBER: PAGE 169 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. ANNE GRIMES

Mailing Address 11502 RUNNING CEDAR ROAD

City

RESTON

State

VA

Zip Code

20191-3713

FEC ID number of contributing federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724622

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. NANCY C. GRIMES

Mailing Address P.O. BOX 10

City

EVERGREEN

State

CO

Zip Code

80437-0010

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754618

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GARY GROSNER

Mailing Address 5486 VIA MARINA

City

WILLIAMSVILLE

State

NY

Zip Code

14221-2839

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF

Occupation

SURGEON

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682921

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

10020170176

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

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

FOR LINE NUMBER: PAGE 170 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. IRWIN GROSS

Mailing Address 800 S OCEAN BLVD APT L1

City State Zip Code
BOCA RATON FL 33432-6364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED VENTURE CAPITOL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8664711

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. IRWIN GROSS

Mailing Address 800 S OCEAN BLVD APT L1

City State Zip Code
BOCA RATON FL 33432-6364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED VENTURE CAPITOL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8689703

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. HELEN K. GROVES

Mailing Address 17490 PRIVATE ROAD 4105

City State Zip Code
BAIRD TX 79504-5920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED RANCHER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738547

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 650.00

TOTAL This Period (last page this line number only)

10020170177

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

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

FOR LINE NUMBER: PAGE 171 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN G. GROVER

Mailing Address 5607 GROVE AVE

City

RICHMOND

State

VA

Zip Code

23226-2101

FEC ID number of contributing federal political committee.

C

Name of Employer
HARDROCK DEVELOPMENT

Occupation
DEVELOPER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8689764

Amount of Each Receipt this Period

295.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GEORGE A. GUIOCHON

Mailing Address 12010 OLYMPIC DRIVE

City

KNOXVILLE

State

TN

Zip Code

37934-3717

FEC ID number of contributing federal political committee.

C

Name of Employer
UNIVERSITY OF TENNESSEE

Occupation
PROFESSOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8730456

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. LOIS ANN GUIOCHON-BEAVER

Mailing Address 12010 OLYMPIC DR.

City

KNOXVILLE

State

TN

Zip Code

37934

FEC ID number of contributing federal political committee.

C

Name of Employer
UNIVERSITY OF TENNESSEE

Occupation
PROFESSOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8730455

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2295.00

TOTAL This Period (last page this line number only)

10020170178

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

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

FOR LINE NUMBER: PAGE 172 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. RICHARD E. GULBRANSON, JR.
Mailing Address 114 ENCINO AVENUE

City State Zip Code
CAMARILLO CA 93010-1721

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF-EMPLOYED PROPERTY MANAGEMENT

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8719087

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ALBERT R. HAAG, JR.
Mailing Address 1049 LOS JARDINES CIRCLE

City State Zip Code
EL PASO TX 79912-1942

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667988

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. MARTHA ROGERS HAAS
Mailing Address 5000 SW 83RD ST

City State Zip Code
MIAMI FL 33143-8510

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8750240

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

10020170179

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

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

FOR LINE NUMBER: PAGE 173 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
COLONEL FREDRICK J. HAASE

Mailing Address 1821 E DAYTON RD

City State Zip Code
CARO MI 48723-9478

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754451

Amount of Each Receipt this Period
240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. BONNIE C. HADDOW

Mailing Address 1800 LYBECKER DR NW

City State Zip Code
GIG HARBOR WA 98332

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS SELF

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8705582

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JOAN HADDOCK

Mailing Address 510 PONDEROSA DRIVE

City State Zip Code
BOULDER CO 80303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF INDEPENDENT INSURANCE AGENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8662611

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

990.00

TOTAL This Period (last page this line number only) ▶

0810170180

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

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

FOR LINE NUMBER: PAGE 174 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GEORGE O. HAGGARD

Mailing Address 724 BARTON DR

City

MORRISTOWN

State

TN

Zip Code

37814-2504

FEC ID number of contributing federal political committee.

C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8738046

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CRAIG B HAINES

Mailing Address 1 EXETER CT

City

MYSTIC

State

CT

Zip Code

06355-3112

FEC ID number of contributing federal political committee.

C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8693683

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. THOMAS HALUCH

Mailing Address PO BOX 510

City

LUDLOW

State

MA

Zip Code

01056-0510

FEC ID number of contributing federal political committee.

C

Name of Employer SELF

Occupation

CONTRACTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8669757

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

740.00

TOTAL This Period (last page this line number only)

10020170181

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 175 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. KENNETH L. HALVERSON
Mailing Address P.O. BOX 368

City State Zip Code
KASSON MN 55944-0368

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED CONSULTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8676856

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. KENT HALVORSEN
Mailing Address P.O. BOX 8000

City State Zip Code
KETCHIKAN AK 99901-3000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BOYER TOWING PORT CAPTAIN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8668458

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. KENT HALVORSEN
Mailing Address P.O. BOX 8000

City State Zip Code
KETCHIKAN AK 99901-3000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BOYER TOWING PORT CAPTAIN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740794

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

10020170182

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

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

FOR LINE NUMBER: PAGE 176 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. CHRIS A. HAMILOS

Mailing Address 2911 WINDING OAKS LN

City State Zip Code
WELLINGTON FL 33414-4315

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8701818

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CORWITH HAMILL

Mailing Address P.O. BOX 206

City State Zip Code
WAYNE IL 60184-0206

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 407.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8701264

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CORWITH HAMILL

Mailing Address P.O. BOX 206

City State Zip Code
WAYNE IL 60184-0206

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 407.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8730361

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

650.00

TOTAL This Period (last page this line number only) ▶

10020170183

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

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

FOR LINE NUMBER: PAGE 177 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. CORWITH HAMILL
Mailing Address P.O. BOX 206

City State Zip Code
WAYNE IL 60184-0206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
407.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8749938

Amount of Each Receipt this Period
7.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. HOWARD F. HAMMACK
Mailing Address 2122 GOLDEN EAGLE DR W

City State Zip Code
TALLAHASSEE FL 32312-4036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672561

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. HARRY A. HAMMERLY
Mailing Address 4501 GULF SHORE BLVD N.
APARTMENT 1404

City State Zip Code
NAPLES FL 34103-2764

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
251.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2010

Transaction ID: SA11.8688988

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

507.00

TOTAL This Period (last page this line number only)

10020170184

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

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

FOR LINE NUMBER: PAGE 178 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial) MR. HARRY A. HAMMERLY		Date of Receipt MM / DD / YYYY 01 / 22 / 2010
Mailing Address 4501 GULF SHORE BLVD N. APARTMENT 1404		Transaction ID: SA11.8723269
City NAPLES	State FL	Zip Code 34103-2764
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.00	

B.

Full Name (Last, First, Middle Initial) MR. ROBERT HAMPTON		Date of Receipt MM / DD / YYYY 01 / 22 / 2010
Mailing Address 305 W LOOP 281 STE 100		Transaction ID: SA11.8718736
City LONGVIEW	State TX	Zip Code 75605-4414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 501.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 501.00	

C.

Full Name (Last, First, Middle Initial) MR. ROBERT J. HANEY		Date of Receipt MM / DD / YYYY 01 / 05 / 2010
Mailing Address 2718 W. LILAC ST.		Transaction ID: SA11.8658911
City ROGERS	State AR	Zip Code 72758-1333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer WALMART STORES, INC.	Occupation R.V.P.	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)

742.00

TOTAL This Period (last page this line number only)

10020170185

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 179 / 689
(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. SHAWN F. HANSEN
Mailing Address P.O. BOX 415

City State Zip Code
PIERCE CO 80650-0415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
U.S. NAVY MILITARY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8684404

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. BRIAN HARD
Mailing Address 10 SEVEN SPRINGS DR.

City State Zip Code
READING PA 19607-9766

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PENSKI CORP EX

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683299

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN A. HARDICK
Mailing Address 6025 N ROCKWELL STREET

City State Zip Code
CHICAGO IL 60659-4006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672487

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

10020170186

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

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

FOR LINE NUMBER: PAGE 180 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM HARDISON

Mailing Address 8000 ABINGTON WOODS AVENUE

City

ARLINGTON

State

TN

Zip Code

38002-8938

FEC ID number of contributing federal political committee.

C

Name of Employer
AIR TRAN AIRWAYS

Occupation
PILOT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8713818

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DONALD HARDWICK, SR.

Mailing Address P.O. BOX 430

City

ANTRIM

State

NH

Zip Code

03440-0430

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF

Occupation
LOGGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8719067

Amount of Each Receipt this Period

251.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CARL D. HARE

Mailing Address 21 EDGEWATER DR

City

AMARILLO

State

TX

Zip Code

79106-4157

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682722

Amount of Each Receipt this Period

220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

721.00

TOTAL This Period (last page this line number only)

10020170187

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

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

FOR LINE NUMBER: PAGE 181 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JOSEPH D. HARNETT

Mailing Address 11090 TURTLE BEACH ROAD

City State Zip Code
NORTH PALM BEACH FL 33408-3423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1001.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8718384

Amount of Each Receipt this Period
1001.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. ANNE M. HARPER

Mailing Address 85 SCOTTSDALE DR
MAPLE VILLAGE #232

City State Zip Code
TROY MI 48084-1716

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED MUSIC TEACHER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738490

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JEFFREY R. HARRIS

Mailing Address 18235 W BURLEIGH RD

City State Zip Code
BROOKFIELD WI 53045-2524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF PRIVATE INVESTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8685111

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

6501.00

TOTAL This Period (last page this line number only) ▶

10020170188

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

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

FOR LINE NUMBER: PAGE 182 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOSHUA M. HARRISON

Mailing Address 207 LEE AVENUE

City

COLLEGE STATION

State

TX

Zip Code

77840-3178

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ATTORNEY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724118

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. PATRICIA HARRINGTON

Mailing Address 1513 OLD ABERT RD

City

LYNCHBURG

State

VA

Zip Code

24503-6454

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8674216

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. RUTH L. HARRISON

Mailing Address 338 VANDERPOOL LANE

City

HOUSTON

State

TX

Zip Code

77024-6144

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8701145

Amount of Each Receipt this Period

201.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

751.00

TOTAL This Period (last page this line number only)

10020170189

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 183 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. WILLIAM T. HARRIS
Mailing Address **8189 PETTIBONE RD**

City State Zip Code
CHAGRIN FALLS OH 44023-5079

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8749261

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
FREDERICK HARROLD
Mailing Address **4206 H ST**

City State Zip Code
SACRAMENTO CA 95819-3425

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8735026

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
WILBUR HARTL
Mailing Address **4 HARWICH CT**

City State Zip Code
SCOTCH PLAINS NJ 07076-3162

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754021

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

10020170190

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

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

FOR LINE NUMBER: PAGE 184 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. RONALD M. HARTSHOM
Mailing Address 4089 WAYNE ST.

City State Zip Code
HILLIARD OH 43026-1445

FEC ID number of contributing federal political committee. C

Name of Employer
RICH PRODUCTS CORP.

Occupation
GENERAL LABORER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8671475

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. RALPH HARVEY
Mailing Address P.O. BOX 14630

City State Zip Code
OKLAHOMA CITY OK 73113

FEC ID number of contributing federal political committee. C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751603

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
STEPHEN HASELTON
Mailing Address 620 CIMA VISTA LN

City State Zip Code
SANTA BARBARA CA 93108-1667

FEC ID number of contributing federal political committee. C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8721605

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

10020170191

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

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

FOR LINE NUMBER: PAGE 185 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LAWRENCE J. HASS

Mailing Address 40 E 80TH ST

City

NEW YORK

State

NY

Zip Code

10075-0230

FEC ID number of contributing federal political committee.

C

Name of Employer
PAUL HASTINGS JANOFSKY WALKER LLP

Occupation
ATTORNEY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8702627

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ANTOINE HAWA

Mailing Address 300 E. 56TH STREET

City

NEW YORK

State

NY

Zip Code

10022-4136

FEC ID number of contributing federal political committee.

C

Name of Employer
MIDSURF CORPORATION

Occupation
PRESIDENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751447

Amount of Each Receipt this Period

370.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BOXWELL HAWKINS

Mailing Address 461CRAIGHEAD STREET

City

FRANKLIN

State

TN

Zip Code

37204-2333

FEC ID number of contributing federal political committee.

C

Name of Employer
HAWKINS DEVELOPMENT COMPANY

Occupation
CONTRACTOR, GENERAL

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8705440

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

920.00

TOTAL This Period (last page this line number only)

10020170192

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

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

FOR LINE NUMBER: PAGE 186 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JACK W. HAWKINS

Mailing Address 1601 ELM ST
SUITE 3000

City DALLAS State TX Zip Code 75201-4757

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745737

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. AGNES R. HAYDEN

Mailing Address 3420 NE SUGARHILL AVE

City JENSEN BEACH State FL Zip Code 34957-3724

FEC ID number of contributing federal political committee. **C**

Name of Employer HAYCO INDUSTRIES Occupation EXECUTIVE

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1500.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8685910

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. GLENN A. HEALEY

Mailing Address 816 SKYLINE DRIVE

City CLINTON State TN Zip Code 37716-2215

FEC ID number of contributing federal political committee. **C**

Name of Employer HESBY R.R. CORPORATION Occupation R.R. CONTRACTION

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1000.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8701814

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

10020170193

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 187 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. PAUL H. HEALEY

Mailing Address **6650 ROYAL PALM BLVD APT 314C**

City **MARGATE** State **FL** Zip Code **33063-2185**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
01 / 27 / 2010

Transaction ID: **SA11.8740841**

Amount of Each Receipt this Period
240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DANIEL B. HEARD

Mailing Address **PO BOX 83255**

City **BATON ROUGE** State **LA** Zip Code **70884-3255**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **30400.00**

Date of Receipt
01 / 27 / 2010

Transaction ID: **SA11.8738491**

Amount of Each Receipt this Period
30400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. LEO HEARN

Mailing Address **512 RIDGEMONT AVE
P.O. BOX 7849**

City **SAN ANTONIO** State **TX** Zip Code **78209-2841**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
01 / 20 / 2010

Transaction ID: **SA11.8700054**

Amount of Each Receipt this Period
225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

30865.00

TOTAL This Period (last page this line number only)

10020170164

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

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

FOR LINE NUMBER: PAGE 188 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. CHARLES L. HEATON

Mailing Address 13491 PENINSULA ROAD

City State Zip Code
WHITEHOUSE TX 75791

FEC ID number of contributing federal political committee.

C

Name of Employer
HEATON EYE ASSOCIATES

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682384

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WALTER HECK

Mailing Address 3911 BACK BAY DRIVE

City State Zip Code
JUPITER FL 33477-2316

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8658267

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. WALTER HECK

Mailing Address 3911 BACK BAY DRIVE

City State Zip Code
JUPITER FL 33477-2316

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672526

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

10020170185

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

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

FOR LINE NUMBER: PAGE 189 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
R L HEFLIN

Mailing Address **P.O. BOX 152004**

City State Zip Code
ARLINGTON TX 76015-8004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HEFLIN BUILDING SYSTEMS L.P. OWNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
01 / 20 / 2010

Transaction ID: **SA11.8704641**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ALBERT P. HEGYI

Mailing Address **245 PARK AVENUE, 39TH FLOOR**

City State Zip Code
NEW YORK NY 10167-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FIRST FINANCIAL BANK CHAIRMAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **30400.00**

Date of Receipt
01 / 29 / 2010

Transaction ID: **SA11.8747502**

Amount of Each Receipt this Period
30400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. CONNIE HEHNER

Mailing Address **8139 DAY PIKE**

City State Zip Code
MAYSVILLE KY 41056-9230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
01 / 12 / 2010

Transaction ID: **SA11.8674452**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

31150.00

TOTAL This Period (last page this line number only)

10020170196

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

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

FOR LINE NUMBER: PAGE 190 / 689
(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. CHARLES T. HEIMERDINGER
Mailing Address **4405 LELAND ST**

City **MARSHALL** State **TX** Zip Code **75672-2659**

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 27 / 2010

Transaction ID: SA11.8738485

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. JOAN HELLER
Mailing Address **350 W 88TH ST**

City **NEW YORK** State **NY** Zip Code **10024-2206**

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation **THEATER**

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 18 / 2010

Transaction ID: SA11.8691523

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. RICHARD C. HELSTROM
Mailing Address **13501 N 97TH WAY**

City **SCOTTSDALE** State **AZ** Zip Code **85260-1415**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED**
Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
251.00

Date of Receipt
01 / 25 / 2010

Transaction ID: SA11.8732020

Amount of Each Receipt this Period
251.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1501.00

TOTAL This Period (last page this line number only)

10020170197

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

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

FOR LINE NUMBER: PAGE 191 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MISS MARGARET LUCILLE HELTON
Mailing Address 6557 BOCK TERR. #221

City State Zip Code
OXON HILL MD 20745-2902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8664634

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CARROLL HEMPHILL
Mailing Address 955 CADARETTA ROAD

City State Zip Code
GORE SPRINGS MS 38929-6641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
201.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8702061

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CARROLL HEMPHILL
Mailing Address 955 CADARETTA ROAD

City State Zip Code
GORE SPRINGS MS 38929-6641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
201.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8727263

Amount of Each Receipt this Period
1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

701.00

TOTAL This Period (last page this line number only)

10020170198

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

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

FOR LINE NUMBER: PAGE 193 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. TIM HENDRICKSON

Mailing Address 1055 BEAR AVE

City

IDAHO FALLS

State

ID

Zip Code

83402-2052

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8660829

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

E. E. HENSON

Mailing Address 3115 S COLUMBIA CIR

City

TULSA

State

OK

Zip Code

74105-2329

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8726759

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. THOMAS W. HERFORT

Mailing Address 120 W. FRANCIS STREET

City

IRONWOOD

State

MI

Zip Code

49938-1106

FEC ID number of contributing federal political committee.

C

Name of Employer
THOMAS W. HERFORT, P.C.

Occupation

DENTIST

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8678629

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

10020170200

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 194 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. THOMAS W. HERFORT

Mailing Address 120 W. FRANCIS STREET

City State Zip Code
IRONWOOD MI 49938-1106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THOMAS W. HERFORT, P.C. DENTIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8678630

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN A. HERMANN

Mailing Address 1373 N CORTLAND LN

City State Zip Code
LA PORTE IN 46350-9608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED OWNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8743952

Amount of Each Receipt this Period

1.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN A. HERMANN

Mailing Address 1373 N CORTLAND LN

City State Zip Code
LA PORTE IN 46350-9608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED OWNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754082

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

301.00

TOTAL This Period (last page this line number only)

10020170201

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

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

FOR LINE NUMBER: PAGE 195 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. THOMAS B. HERRLINGER

Mailing Address 36 SANDIA HEIGHTS DR NE

City

ALBUQUERQUE

State

NM

Zip Code

87122-2009

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724626

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CARL W. HERRMANN, III

Mailing Address 300 FOX CHAPEL ROAD

City

PITTSBURGH

State

PA

Zip Code

15238-2331

FEC ID number of contributing federal political committee.

C

Name of Employer
CARL HERRMANN INC

Occupation
BUSINESS OWNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8703916

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. KENNETH A. HERSH

Mailing Address 10714 LENNOX LANE

City

DALLAS

State

TX

Zip Code

75229-5418

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8715322

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

10020170202

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

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

FOR LINE NUMBER: PAGE 196 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. PAUL R. HERTENSEN

Mailing Address 3897 W HOMOSASSA TRL

City

LECANTO

State

FL

Zip Code

34461-9101

FEC ID number of contributing federal political committee.

C

Name of Employer
B. O. V. SOLUTIONS INC.

Occupation
MARKETING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745354

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LOWELL HESS

Mailing Address 4509 CLEVELAND DR

City

PLANO

State

TX

Zip Code

75093

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8679484

Amount of Each Receipt this Period

1.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LOWELL HESS

Mailing Address 4509 CLEVELAND DR

City

PLANO

State

TX

Zip Code

75093

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8680195

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

441.00

TOTAL This Period (last page this line number only)

10020170203

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

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

FOR LINE NUMBER: PAGE 197 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JOHN C. HIBBELER

Mailing Address **17 S DOE RUN DR**

City **SPRING** State **TX** Zip Code **77380-0988**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
01 / 29 / 2010

Transaction ID: **SA11.8751623**

Amount of Each Receipt this Period
900.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JOHN H. HICKOK

Mailing Address **2318 34TH ST SE**

City **PUYALLUP** State **WA** Zip Code **98374-1516**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
01 / 29 / 2010

Transaction ID: **SA11.8746733**

Amount of Each Receipt this Period
270.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS LILA HIGGINS

Mailing Address **PO BOX 13051**

City **EVANSVILLE** State **IN** Zip Code **47728-5051**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
01 / 14 / 2010

Transaction ID: **SA11.8678139**

Amount of Each Receipt this Period
520.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **1690.00**

TOTAL This Period (last page this line number only)

10020170204

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 198 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JEFFREY D. HILDEBRAND
Mailing Address **P.O. BOX 1308**

City State Zip Code
HOUSTON TX 77251

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HILCORP ENERGY COMPANY PRESIDENT AND CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **30400.00**

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738528

Amount of Each Receipt this Period
30400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
G. HILLSDALE
Mailing Address **14630 GARRETT AVE APT 401**

City State Zip Code
SAINT PAUL MN 55124-8444

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8738034

Amount of Each Receipt this Period
240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DUANE M HINES
Mailing Address **627 MARINA BLVD**

City State Zip Code
SAN FRANCISCO CA 94123-1022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8662993

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

31140.00

TOTAL This Period (last page this line number only)

10020170205

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

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

FOR LINE NUMBER: PAGE 199 / 689
(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. W. JEFFREY HITCHCOCK
Mailing Address 6701 E. SOLAND

City State Zip Code
PARADISE VALLEY AZ 85253-5973

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CAPAC MANAGMENT PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738522

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. A P HODGES, JR.
Mailing Address 348 NELSON AVE

City State Zip Code
LONGWOOD FL 32750-6732

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8703933

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DEBORAH W. HODGKINS
Mailing Address 8508 NAVIDAD DR

City State Zip Code
AUSTIN TX 78735-1453

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 251.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8723174

Amount of Each Receipt this Period
251.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5501.00

TOTAL This Period (last page this line number only)

10020170206

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

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

FOR LINE NUMBER: PAGE 200 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. FRANK J. HOENEMEYER

Mailing Address 1865 BAY ROAD
APARTMENT 110

City State Zip Code
VERO BEACH FL 32963-3075

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737626

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
AMBASSADOR AL HOFFMAN

Mailing Address 12530 SEMINAL ROAD

City State Zip Code
NORTH PALM BEACH FL 33408

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HOFFMAN PARTNERS SELF-EMPLOYED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 15000.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745185

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
BYRON HOFFMAN

Mailing Address 6 RUE VILLARS

City State Zip Code
NEWPORT BEACH CA 92660-5103

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8673263

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

16250.00

TOTAL This Period (last page this line number only)

10020170207

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

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

FOR LINE NUMBER: PAGE 201 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT B. HOFFMAN
Mailing Address 10560 SAVANNAH DRIVE

City State Zip Code
VERO BEACH FL 32963

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738527

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. RONALD HOFFMAN
Mailing Address 236 E. 47TH STREET APT. 21F

City State Zip Code
NEW YORK NY 10017-2143

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751512

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT M. HOFSTEAD
Mailing Address 1301 NOTTINGHAM RD
APT A104

City State Zip Code
JAMESVILLE NY 13078-8705

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED
Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8738060

Amount of Each Receipt this Period
240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1740.00

10020176208

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 202 / 689
(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
HENRY HOHORST

Mailing Address 40 RIVERSIDE AVE APT 10G

City State Zip Code
RED BANK NJ 07701-1076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8664186

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ERIC O. HOKE

Mailing Address 2102 E. LAWNGDALE DRIVE

City State Zip Code
SAN ANTONIO TX 78209-2048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8664908

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
RONALD HOLDER

Mailing Address 7818 S FOREST ST

City State Zip Code
CENTENNIAL CO 80122-3820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8663437

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

750.00

TOTAL This Period (last page this line number only) ▶

10020170209

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

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

FOR LINE NUMBER: PAGE 203 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. STEVEN A. HOLLIS

Mailing Address 7616 LYNDON B JOHNSON FWY STE

City State Zip Code
DALLAS TX 75251-1184

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JENTX ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8662529

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DAVID P. HOLLOWAY

Mailing Address 1301 N POPE LICK RD

City State Zip Code
LOUISVILLE KY 40299-4617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8736005

Amount of Each Receipt this Period
400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. FLOYD HOLLOWAY

Mailing Address 228 SOUTHAMPTON LN

City State Zip Code
VENICE FL 34293-4278

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8677747

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

10020170210

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 204 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. FLOYD HOLLOWAY

Mailing Address 228 SOUTHAMPTON LN

City State Zip Code
VENICE FL 34293-4278

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8702964

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JULIE M. HOLTZ

Mailing Address 2560 LINDENWOOD DR

City State Zip Code
SAN ANGELO TX 76904-6759

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8656024

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JULIE M. HOLTZ

Mailing Address 2560 LINDENWOOD DR

City State Zip Code
SAN ANGELO TX 76904-6759

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8696539

Amount of Each Receipt this Period

101.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

276.00

TOTAL This Period (last page this line number only)

10020170211

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

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

FOR LINE NUMBER: PAGE 205 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. KENNETH C. HOOD

Mailing Address 10030 E. CHESTNUT DRIVE

City State Zip Code
SUN LAKES AZ 85248-6812

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 201.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8656305

Amount of Each Receipt this Period
CONTRIBUTION
100.00

B.

Full Name (Last, First, Middle Initial)
MR. KENNETH C. HOOD

Mailing Address 10030 E. CHESTNUT DRIVE

City State Zip Code
SUN LAKES AZ 85248-6812

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 201.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751376

Amount of Each Receipt this Period
CONTRIBUTION
101.00

C.

Full Name (Last, First, Middle Initial)
MR. AL HOOVER

Mailing Address 512 TERRELL RD

City State Zip Code
SAN ANTONIO TX 78209-6129

FEC ID number of contributing federal political committee. C

Name of Employer AT&T Occupation MANAGER

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8730898

Amount of Each Receipt this Period
CONTRIBUTION
300.00

SUBTOTAL of Receipts This Page (optional)

501.00

TOTAL This Period (last page this line number only)

10020170212

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

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

FOR LINE NUMBER: PAGE 206 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. GARY D. HOOVER

Mailing Address 11424 E. DREYFUS AVENUE

City State Zip Code
SCOTTSDALE AZ 85259-2526

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8711130

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. HELENE M. HOOVER

Mailing Address 2645 E SOUTHERN AVE

City State Zip Code
TEMPE AZ 85282-7856

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
401.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8704915

Amount of Each Receipt this Period
201.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. HELENE M. HOOVER

Mailing Address 2645 E SOUTHERN AVE

City State Zip Code
TEMPE AZ 85282-7856

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
401.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8747185

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

901.00

TOTAL This Period (last page this line number only)

10020170213

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 207 / 689
(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. MARGARET HOOVEL
Mailing Address 2809 CALDWELL LN.

City State Zip Code
GENEVA IL 60134-4484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 410.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672485

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. MARGARET HOOVEL
Mailing Address 2809 CALDWELL LN.

City State Zip Code
GENEVA IL 60134-4484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 410.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682552

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. MARGARET HOOVEL
Mailing Address 2809 CALDWELL LN.

City State Zip Code
GENEVA IL 60134-4484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 410.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8691832

Amount of Each Receipt this Period
110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

410.00

TOTAL This Period (last page this line number only) ▶

10020170214

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

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

FOR LINE NUMBER: PAGE 208 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DAVID R. HOPKINS

Mailing Address 134 LAKE HILL DR

City State Zip Code
FLORA MS 39071-9639

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 501.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8742711

Amount of Each Receipt this Period
501.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. REBEKAH L. HORTON

Mailing Address P.O. BOX 18000

City State Zip Code
PENSACOLA FL 32523-9160

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
PENSACOLA CHRISTIAN COLLEGE COLLEGE ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 501.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8708622

Amount of Each Receipt this Period
501.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. MARTHA J. HORWITZ

Mailing Address 4811 ISLAND POND CT
APARTMENT 905

City State Zip Code
BONITA SPRINGS FL 34134

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8736813

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1252.00

TOTAL This Period (last page this line number only) ▶

10020170215

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

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

FOR LINE NUMBER: PAGE 209 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. W. T. CHIP HOUGH

Mailing Address 18319 EMERALD OAKS DR

City State Zip Code
SAN ANTONIO TX 78259-3636

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BASIC INDUSTRIES OF SOUTH, TEXAS MANAGING PARTNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8747195

Amount of Each Receipt this Period

1300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JAMES HOUSTON

Mailing Address 345 N VIA LAS PALMAS

City State Zip Code
PALM SPRINGS CA 92262-4292

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8749662

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. HIRAIR HOVNIANIAN

Mailing Address 4000 STATE ROUTE 66

City State Zip Code
TINTON FALLS NJ 07753-7300

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOVSONS INC. PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683181

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

11540.00

TOTAL This Period (last page this line number only)

10020170210

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

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

FOR LINE NUMBER: PAGE 211 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JERRY L. HUDSON

Mailing Address 7026 EDGEWATER DR

City State Zip Code
MANDEVILLE LA 70471-7415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PONTCHARTRAIN PATHOLOGY PHYSICIAN
APMC
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 261.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8695090

Amount of Each Receipt this Period
36.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JERRY L. HUDSON

Mailing Address 7026 EDGEWATER DR

City State Zip Code
MANDEVILLE LA 70471-7415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PONTCHARTRAIN PATHOLOGY PHYSICIAN
APMC
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 261.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8696579

Amount of Each Receipt this Period
225.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. HELEN HUGHES

Mailing Address 627 SHADYCREST DRIVE

City State Zip Code
KEWANEE IL 61443-3844

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8729089

Amount of Each Receipt this Period
225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

486.00

TOTAL This Period (last page this line number only)

10020170218

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

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

FOR LINE NUMBER: PAGE 212 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALLEN HULEN

Mailing Address 3111 C ST

City

ANCHORAGE

State

AK

Zip Code

99503-3901

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8656446

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAVE HUNTER

Mailing Address 17 CHERRY LANE DR

City

ENGLEWOOD

State

CO

Zip Code

80113-4209

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740840

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WAYNE HURD

Mailing Address P.O. BOX 7780

City

HORSESHOE BAY

State

TX

Zip Code

78657-7780

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682075

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

740.00

TOTAL This Period (last page this line number only)

10020170219

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

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

FOR LINE NUMBER: PAGE 213 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ALFRED F. HURLEY

Mailing Address 3505 TURTLE CREEK BLVD APT 6A

City State Zip Code
DALLAS TX 75219-5566

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740570

Amount of Each Receipt this Period
240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN K. HUSSA

Mailing Address 18755 SW TETON AVE

City State Zip Code
TUALATIN OR 97062-8848

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8702927

Amount of Each Receipt this Period
240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. J. R. HYDE, III

Mailing Address 17 W PONTOTOC AVE

City State Zip Code
MEMPHIS TN 38103-3826

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PITTCO MANAGEMENT LLC CHAIRMAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 30400.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8747206

Amount of Each Receipt this Period
30400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

30880.00

TOTAL This Period (last page this line number only)

10020170220

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 214 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. LISA HYMAN
Mailing Address 2823 CONGRESS RD

City State Zip Code
PEBBLE BEACH CA 93953-3142

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8669913

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WILLIAM F. IGOE
Mailing Address 476 MUNROE AVENUE

City State Zip Code
SLEEPY HOLLOW NY 10591-1622

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8690847

Amount of Each Receipt this Period
170.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. WILLIAM F. IGOE
Mailing Address 476 MUNROE AVENUE

City State Zip Code
SLEEPY HOLLOW NY 10591-1622

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8725695

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

470.00

TOTAL This Period (last page this line number only)

10020170221

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 215 / 689
(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CATHERINE INBAR

Mailing Address 677 LAKEVIEW CANYON RD

City State Zip Code
WESTLAKE VILLAGE CA 91362-5601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8660043

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MIHAELA IONESCU

Mailing Address 1136 KINGSLAND CT

City State Zip Code
SAINT JOHNS FL 32259-8971

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682019

Amount of Each Receipt this Period
270.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JERE IRWIN

Mailing Address 4509 SCENIC DR

City State Zip Code
YAKIMA WA 98908-2218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
IRWIN RESEARCH CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8738058

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

10020170222

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

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

FOR LINE NUMBER: PAGE 216 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN F IRWIN

Mailing Address 6024 RIVERVIEW WAY

City

HOUSTON

State

TX

Zip Code

77057-1436

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8659728

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CYRIL ITLE

Mailing Address 527 VINE ST APT 1218

City

JOHNSTOWN

State

PA

Zip Code

15901-2035

FEC ID number of contributing federal political committee.

C

Name of Employer
GOODWILL

Receipt For:

Primary General
 Other (specify) ▼

Occupation

JANITOR

Aggregate Year-to-Date ▼

206.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667581

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CYRIL ITLE

Mailing Address 527 VINE ST APT 1218

City

JOHNSTOWN

State

PA

Zip Code

15901-2035

FEC ID number of contributing federal political committee.

C

Name of Employer
GOODWILL

Receipt For:

Primary General
 Other (specify) ▼

Occupation

JANITOR

Aggregate Year-to-Date ▼

206.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8704139

Amount of Each Receipt this Period

66.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

356.00

TOTAL This Period (last page this line number only)

10020170223

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

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

FOR LINE NUMBER: PAGE 217 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CYRIL ITLE

Mailing Address 527 VINE ST APT 1218

City

JOHNSTOWN

State

PA

Zip Code

15901-2035

FEC ID number of contributing federal political committee.

C

Name of Employer
GOODWILL

Occupation
JANITOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751342

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MARC M. IVERSON

Mailing Address 6037 SHARON ROAD

City

CHARLOTTE

State

NC

Zip Code

28210-6827

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8662389

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MARC M. IVERSON

Mailing Address 6037 SHARON ROAD

City

CHARLOTTE

State

NC

Zip Code

28210-6827

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
01 / 16 / 2010

Transaction ID: SA11.8688955

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

10020170224

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

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

FOR LINE NUMBER: PAGE 218 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ALLEN A. JACKSON

Mailing Address 8600 FM 2447 E

City State Zip Code
CHAPPELL HILL TX 77426-6188

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 201.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8693345

Amount of Each Receipt this Period

201.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DOCTOR DAVID B. JACKSON

Mailing Address 2818 SARATOGA LANE

City State Zip Code
TUSCALOOSA AL 35406-2708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALABAMA DERMATOLOGY ASSOCIATES DERMATOLOGIST

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 301.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8727208

Amount of Each Receipt this Period

301.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT E. JACOBY, JR.

Mailing Address 3080 TIMBERLAKE PT

City State Zip Code
PONTE VEDRA BEACH FL 32082-3726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8703603

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3002.00

TOTAL This Period (last page this line number only)

10020170225

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

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

FOR LINE NUMBER: PAGE 219 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (in Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. LYNETTE B. JACQUES
Mailing Address 342 WEKIU PL

City State Zip Code
LAHAINA HI 96761-2914

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 501.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748911

Amount of Each Receipt this Period

1.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. LYNETTE B. JACQUES
Mailing Address 342 WEKIU PL

City State Zip Code
LAHAINA HI 96761-2914

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 501.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8753029

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. JANET J. JAEGER
Mailing Address 400 AVINGER LANE

City State Zip Code
DAVIDSON NC 28036-8800

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8735634

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1501.00

TOTAL This Period (last page this line number only)

10020170226

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 220 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. KEITH JARRATT
Mailing Address P.O. BOX 1147

City State Zip Code
FORT DAVIS TX 79734-0013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED DIRT & PAVING CONTRACTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724866

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. THOMAS E. JARRETT
Mailing Address 6746 TIFTON GREEN THAU

City State Zip Code
CENTERVILLE OH 45459-6223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8679074

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. THOMAS E. JARRETT
Mailing Address 6746 TIFTON GREEN THAU

City State Zip Code
CENTERVILLE OH 45459-6223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8679338

Amount of Each Receipt this Period
1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

451.00

TOTAL This Period (last page this line number only) ▶

10020170227

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

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

FOR LINE NUMBER: PAGE 221 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
COLLEEN A. JENNINGS

Mailing Address 210 VOSS ROAD

City State Zip Code
HOUSTON TX 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683158

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. MARIE A. JENSEN

Mailing Address 604 BRAYTON ST

City State Zip Code
AUDUBON IA 50025-1302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737819

Amount of Each Receipt this Period

201.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. KENNETH R. JINKERSON

Mailing Address 315 CORAL SKY LANE

City State Zip Code
EL PASO TX 79912-6411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724194

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

701.00

TOTAL This Period (last page this line number only) ▶

10020170228

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 222 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. GEORGE JOHNSTON
Mailing Address 2522 CROFTON CT

City State Zip Code
BLOOMFIELD MI 48304-1809

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8702635

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JAY B. JOHNSTON
Mailing Address 2404 FOX MEADOW LN

City State Zip Code
WINNETKA IL 60093-4303

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 251.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740770

Amount of Each Receipt this Period
251.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN HAROLD JOHNSON, JR.
Mailing Address R.R. 1 BOX 138

City State Zip Code
MEMPHIS MO 63555-9766

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667999

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1251.00

TOTAL This Period (last page this line number only)

10020170229

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

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

FOR LINE NUMBER: PAGE 223 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. RICHARD C. JOHNSON

Mailing Address 4387 GRATAN PRICE DRIVE

City State Zip Code
HARRISONBURG VA 22801-2351

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745639

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT W. JOHNSON

Mailing Address 1296 ASPEN WAY

City State Zip Code
SAINT PAUL MN 55118-1750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8741477

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
SHARISSE L. JOHNSON

Mailing Address 6101 E CHENEY DR

City State Zip Code
PARADISE VALLEY AZ 85253-3578

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8660470

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

10020170230

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

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

FOR LINE NUMBER: PAGE 224 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
WAYNE JOHNSON

Mailing Address 2302 APPLETON CT

City State Zip Code
PALM BEACH GARDENS FL 33403-1148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SIEMENS ENGINEER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 271.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8699736

Amount of Each Receipt this Period
126.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
WAYNE JOHNSON

Mailing Address 2302 APPLETON CT

City State Zip Code
PALM BEACH GARDENS FL 33403-1148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SIEMENS ENGINEER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 271.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8723526

Amount of Each Receipt this Period
145.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. A. EDWIN JONES

Mailing Address 201 FORTUNE COVE LANE

City State Zip Code
BREVARD NC 28712-9101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724259

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

571.00

TOTAL This Period (last page this line number only)

10020170231

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 225 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ARNOLD JONES

Mailing Address **320 HILLSBOROUGH BLVD**

City **HILLSBOROUGH** State **CA** Zip Code **94010-7040**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt
01 / 27 / 2010

Transaction ID: **SA11.8740673**

Amount of Each Receipt this Period
201.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CLAYTON R. JONES

Mailing Address **2000 43RD AVE E**
APARTMENT 201

City **SEATTLE** State **WA** Zip Code **98112**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RED SHIELD** Occupation **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 26 / 2010

Transaction ID: **SA11.8737546**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CLIFF C. JONES

Mailing Address **8101 MISSION ROAD**
APARTMENT 136

City **SHAWNEE MISSION** State **KS** Zip Code **66208-5208**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
01 / 27 / 2010

Transaction ID: **SA11.8738465**

Amount of Each Receipt this Period
220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1421.00

TOTAL This Period (last page this line number only)

10020170232

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

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

FOR LINE NUMBER: PAGE 226 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JIMMY D. JONES

Mailing Address P.O. BOX 726

City

LA GRANGE

State

IL

Zip Code

60525-0726

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748457

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MARVIN L. JONES

Mailing Address 201 W PIERCE ST

City

WINTERS

State

TX

Zip Code

79567-3817

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748866

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. VIRGIL WAYNE JONES

Mailing Address 3700 BLOSSOM LN

City

ODESSA

State

TX

Zip Code

79762-6965

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8743521

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1241.00

TOTAL This Period (last page this line number only)

10020170233

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

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

FOR LINE NUMBER: PAGE 227 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. VIRGIL WAYNE JONES

Mailing Address 3700 BLOSSOM LN

City State Zip Code
ODESSA TX 79762-6965

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8753855

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. W. ALLAN JONES

Mailing Address PO BOX 1015

City State Zip Code
CLEVELAND TN 37364-1015

FEC ID number of contributing federal political committee.

C

Name of Employer
JONES MANAGMENT SERVICES

Occupation
OWNER/CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666746

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
BOYD JORDAN

Mailing Address 7249 BICE AVE

City State Zip Code
HOLMEN WI 54636

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8677157

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

30850.00

TOTAL This Period (last page this line number only)

10020170234

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

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

FOR LINE NUMBER: PAGE 228 / 689
(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. CORDELIA L. JORDAN

Mailing Address 6335 W. NORTHWEST HIGHWAY
APARTMENT 818

City DALLAS State TX Zip Code 75225-3544

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745932

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ARTHUR L. JUNG

Mailing Address 33 FARNHAM PLACE

City METAIRIE State LA Zip Code 70005-4007

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8706853

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. CAROL JURGENS

Mailing Address 3008 JORDAN GROVE

City WEST DES MOINES State IA Zip Code 50265-6451

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8725498

Amount of Each Receipt this Period
351.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1101.00

TOTAL This Period (last page this line number only)

10020170235

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

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

FOR LINE NUMBER: PAGE 229 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. MARCI KALBFELL

Mailing Address 7263 ENGINEER RD STE G

City State Zip Code
SAN DIEGO CA 92111-1433

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSTRUMENTS INC. PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8663707

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DALE KANDT

Mailing Address PO BOX 510

City State Zip Code
JOHNSON KS 67855-0510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DALE KANDT CONSULTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 265.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8677708

Amount of Each Receipt this Period
265.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN A. KANEB

Mailing Address 34 MASCONOMO ST

City State Zip Code
MANCHESTER MA 01944-1452

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HP HOOD LLC CHAIRMAN & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8670430

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5515.00

TOTAL This Period (last page this line number only)

10020170236

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

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

FOR LINE NUMBER: PAGE 230 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
JOHN N. KAPOOR

Mailing Address 121 STONEGATE RD.

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751611

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MISS BEULAH KARNES

Mailing Address 308 INLET RD

City State Zip Code
MURRELLS INLET SC 29576-8187

FEC ID number of contributing federal political committee. C

Name of Employer NONE

Occupation NONE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748780

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JEFFREY J. KATKE

Mailing Address 2 CALLE AMENO

City State Zip Code
SAN CLEMENTE CA 92672-2346

FEC ID number of contributing federal political committee. C

Name of Employer METAGENICS

Occupation C.E.O

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740668

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1490.00

TOTAL This Period (last page this line number only) ▶

10020170237

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

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

FOR LINE NUMBER: PAGE 231 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. JOETTE L. KEENAN

Mailing Address 435 STERLING ST

City State Zip Code
NEWTOWN PA 18940-2142

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) 360.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8675262

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. JOETTE L. KEENAN

Mailing Address 435 STERLING ST

City State Zip Code
NEWTOWN PA 18940-2142

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) 360.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8725765

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
KATHLEEN KEENAN

Mailing Address 4511 S 67TH STREET

City State Zip Code
OMAHA NE 68117

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
KEENAN PACKAGING SUPPLY INC SELF

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) 250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682502

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

610.00

TOTAL This Period (last page this line number only) ▶

10020170238

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

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

FOR LINE NUMBER: PAGE 232 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. HENRY C. KEENE, JR.

Mailing Address 2051 SEA LEVEL DRIVE
APARTMENT 305

City State Zip Code
KETCHIKAN AK 99901-6068

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2010

Transaction ID: SA11.8662292

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. HENRY C. KEENE, JR.

Mailing Address 2051 SEA LEVEL DRIVE
APARTMENT 305

City State Zip Code
KETCHIKAN AK 99901-6068

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8700755

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. WARREN C. KEINATH

Mailing Address 24 RAVENS POINTE

City State Zip Code
LAKE ST LOUIS MO 63367-2238

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8720426

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

750.00

TOTAL This Period (last page this line number only) ▶

10020170239

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

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

FOR LINE NUMBER: PAGE 233 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFF KELLAM

Mailing Address 85 LAUREL DRIVE

City

ATLANTA

State

GA

Zip Code

30342

FEC ID number of contributing federal political committee.

C

Name of Employer
US DEPT. HHS

Occupation

ENVIRONMENTAL SCIENTIST

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8692504

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. DEBRORAH KELLEY

Mailing Address 2841 BELLINI DR

City

HENDERSON

State

NV

Zip Code

89052-3119

FEC ID number of contributing federal political committee.

C

Name of Employer
REFUSED

Occupation

REFUSED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8655734

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CONSTANCE KELLY

Mailing Address 14 CRAIGWOOD LN

City

CLARKSVILLE

State

AR

Zip Code

72830-9358

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8738096

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

10020170240

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

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

FOR LINE NUMBER: PAGE 234 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. CONSTANCE KELLY

Mailing Address 14 CRAIGWOOD LN

City State Zip Code
CLARKSVILLE AR 72830-9358

FEC ID number of contributing federal political committee. C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8742776

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. FRANCIS KELLY

Mailing Address 1200 SCOTTS KNOLL CT

City State Zip Code
LUTHERVILLE TIMONI MD 21093

FEC ID number of contributing federal political committee. C

Name of Employer
KELLY INSURANCE

Occupation
EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8691162

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. BILL KELTNER

Mailing Address 10740 KENNEY ST STE 401

City State Zip Code
SANTEE CA 92071-4573

FEC ID number of contributing federal political committee. C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8734157

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

10020170241

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

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

FOR LINE NUMBER: PAGE 235 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. EARL G. KENDRICK

Mailing Address 3964 E PARADISE VIEW DR

City

PARADISE VALLEY

State

AZ

Zip Code

85253-3800

FEC ID number of contributing federal political committee.

C

Name of Employer
DIAMONDBACKS

Occupation

MANAGING GENERAL PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666730

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. RANDY PARRIS KENDRICK

Mailing Address 3964 E PARADISE VIEW DR

City

PARADISE VALLEY

State

AZ

Zip Code

85253-3800

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666729

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARJA KENWORTHY

Mailing Address 3800 W 71ST ST

City

TULSA

State

OK

Zip Code

74132-2117

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8669932

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

61050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 236 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT E. KEPPEL

Mailing Address 5045 PARK TERRACE

City State Zip Code
EDINA MN 55436-1098

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 203.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8695263

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT E. KEPPEL

Mailing Address 5045 PARK TERRACE

City State Zip Code
EDINA MN 55436-1098

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 203.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8699183

Amount of Each Receipt this Period

3.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DONALD KEPRTA

Mailing Address 3224 CHARRING CROSS

City State Zip Code
PLANO TX 75025-5713

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682586

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

453.00

TOTAL This Period (last page this line number only) ▶

10020170245

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

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

FOR LINE NUMBER: PAGE 237 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. PAUL W. KERR

Mailing Address 960 GEORGE WILSON RD

City State Zip Code
BELTON TX 76513-4291

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754448

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. VADIM KERSHA

Mailing Address P.O. BOX 2856

City State Zip Code
BRANCHVILLE NJ 07826-2856

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
VADIMINTER'L SALES AGENCY INC. PRESIDENT

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672735

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. SURESH KHOSLA

Mailing Address 2707 STATE RD

City State Zip Code
CROYDON PA 19021-6969

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
A-1 SPECIALIZED SERVICES & SUP PRESIDENT

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8685911

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1750.00

TOTAL This Period (last page this line number only) ▶

10020170244

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

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

FOR LINE NUMBER: PAGE 238 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. SURESH KHOSLA

Mailing Address 2707 STATE RD

City State Zip Code
CROYDON PA 19021-6969

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
A-1 SPECIALIZED SERVICES & SUP PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8685912

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ALEX KHOWAYLO

Mailing Address 10 FOREST RIDGE RD

City State Zip Code
SADDLE RIVER NJ 07458-1841

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8694675

Amount of Each Receipt this Period
240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. JAIME KIM

Mailing Address 14044 34TH AVE
APT 1C

City State Zip Code
FLUSHING NY 11354-3067

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8656485

Amount of Each Receipt this Period
140.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

630.00

TOTAL This Period (last page this line number only) ▶

10020170245

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

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

FOR LINE NUMBER: PAGE 239 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. JAIME KIM

Mailing Address 14044 34TH AVE
APT 1C

City State Zip Code
FLUSHING NY 11354-3067

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8701403

Amount of Each Receipt this Period

210.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. JAIME KIM

Mailing Address 14044 34TH AVE
APT 1C

City State Zip Code
FLUSHING NY 11354-3067

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754502

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
NINA KIMBALL

Mailing Address 14290 PARADISE POINT RD.

City State Zip Code
PALM BEACH GARDENS FL 33410-1144

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED

Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
256.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8734369

Amount of Each Receipt this Period

256.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

566.00

TOTAL This Period (last page this line number only)

10020170246

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

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

FOR LINE NUMBER: PAGE 240 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. RICHARD H. KIMBERLY
Mailing Address 1501 K ST NW

City State Zip Code
WASHINGTON DC 20005-1401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KIMBERLY CONSULTING, LLC LOBBYIST/ CONSULTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8678622

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MICHAEL KIMBLE
Mailing Address 924 MOSS ST

City State Zip Code
NEW ORLEANS LA 70119-3934

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MACKAY SHEILDS INVESTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8688784

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. REBECCA H. KING
Mailing Address 7883 WARM SPRINGS RD

City State Zip Code
MIDLAND GA 31820-3608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8675170

Amount of Each Receipt this Period
110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

15360.00

TOTAL This Period (last page this line number only) ▶

10020170247

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 241 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. REBECCA H. KING

Mailing Address 7883 WARM SPRINGS RD

City State Zip Code
MIDLAND GA 31820-3608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751341

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. GERALD R. KINGEN

Mailing Address 9345 FAUNTLEROY WAY SW

City State Zip Code
SEATTLE WA 98136-2685

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF RESTAURATEUR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8696646

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MYRNA KINGHAM

Mailing Address 575 DUTY PALMS LANE

City State Zip Code
HENDERSON NV 89052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOWER REALTY GROUP REALTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8670424

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

10020170248

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 242 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. PAUL S. KINGSBURY
Mailing Address 7378 BUCKINGHAM CT

City State Zip Code
BOULDER CO 80301-6410

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740222

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DAN L. KIRBY
Mailing Address P.O. BOX 5102

City State Zip Code
SIOUX FALLS SD 57117-5102

FEC ID number of contributing federal political committee. C

Name of Employer KIRBY FINANCIAL LLC Occupation INVESTOR

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8685103

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JAMES A. KIRK
Mailing Address 6132 RAINBOW HEIGHTS RD

City State Zip Code
FALLBROOK CA 92028-8847

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682948

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

TOTAL This Period (last page this line number only) ▶

10020170249

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

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

FOR LINE NUMBER: PAGE 243 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
J J KISER

Mailing Address POB 1799

City State Zip Code
PAWLEYS ISLAND SC 29585

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
AF&F INC BUSINESSMAN

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682890

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT E. KISS

Mailing Address 72 HURON DR

City State Zip Code
CHATHAM NJ 07928-1237

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8693312

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DAVID A. KLINGLER

Mailing Address 1504 THISTLEDOWN DR.

City State Zip Code
PLANO TX 75093-5038

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
STUTZMAN, BROMBERG, ESSER- MAN & PLIFKA, ATTORNEY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8678609

Amount of Each Receipt this Period

650.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

10020176250

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 244 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. FRED KLINGENSTEIN

Mailing Address ROKLDG ROAD

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing federal political committee.

C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667996

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

FREDRICK A. KLINGENSTEIN

Mailing Address 781 5TH AVE

City

NEW YORK

State

NY

Zip Code

10022-1092

FEC ID number of contributing federal political committee.

C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8753497

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

RONALD C KNECHT

Mailing Address 27 NEW GREEN CT

City

KINGWOOD

State

TX

Zip Code

77339-5325

FEC ID number of contributing federal political committee.

C

Name of Employer PRICE WATERHOUSE COOPERS LLP

Receipt For:

Primary General
 Other (specify) ▼

Occupation

CPA

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8673110

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

10020170251

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

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

FOR LINE NUMBER: PAGE 245 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. BARRY H. KNISPEL

Mailing Address 28 BURNING HOLLOW RD

City State Zip Code
SADDLE RIVER NJ 07458-2939

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8730502

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. VIRGIL K. KNOWLTON

Mailing Address 18225 FM 2252

City State Zip Code
SAN ANTONIO TX 78266-2717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
V K KNOWLTON CONSTRUCTION & UT PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 501.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8731910

Amount of Each Receipt this Period

501.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT G. KNUEPPEL

Mailing Address 107 SUNRISE HILL ROAD

City State Zip Code
FISHKILL NY 12524-2446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8743702

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1002.00

TOTAL This Period (last page this line number only)

10020170252

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

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

FOR LINE NUMBER: PAGE 246 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT G. KNUEPPEL

Mailing Address 107 SUNRISE HILL ROAD

City State Zip Code
FISHKILL NY 12524-2446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754662

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WILLIAM I. KOCH

Mailing Address 974 SOUTH OCEAN BOULEVARD

City State Zip Code
PALM BEACH FL 33480-4909

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OXBOW GROUP PRESIDENT AND CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 30400.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8747207

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. GEORGE C. KOONCE

Mailing Address 1636 BOB O LINK DR

City State Zip Code
VENICE FL 34293-1338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682661

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

31100.00

TOTAL This Period (last page this line number only) ▶

10020170253

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

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

FOR LINE NUMBER: PAGE 247 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. BONNIE KORBELL

Mailing Address 136 AUBURN PL

City State Zip Code
SAN ANTONIO TX 78209-4722

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748796

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. DON KOVALSKY

Mailing Address 9350 E RICHVIEW RD

City State Zip Code
MOUNT VERNON IL 62864-8697

FEC ID number of contributing federal political committee. **C**

Name of Employer JAMES C. CHOW, MD. LTD.

Occupation ORTHOPEDIC SURGEON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8660919

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. DON KOVALSKY

Mailing Address 9350 E RICHVIEW RD

City State Zip Code
MOUNT VERNON IL 62864-8697

FEC ID number of contributing federal political committee. **C**

Name of Employer JAMES C. CHOW, MD. LTD.

Occupation ORTHOPEDIC SURGEON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2010

Transaction ID: SA11.8662182

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

10020170254

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

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

FOR LINE NUMBER: PAGE 248 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DONALD KRAFT
Mailing Address **1635 STONER AVE**

City State Zip Code
LOS ANGELES CA 90025-1846

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: **SA11.8701808**

Amount of Each Receipt this Period
400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT S. KRAMER
Mailing Address **1233 N GULFSTREAM AVE**

City State Zip Code
SARASOTA FL 34236-8958

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: **SA11.8672540**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MARY ROSE KREMZENSTEIN
Mailing Address **4217 COLT DRIVE**

City State Zip Code
LAKE HAVASU CITY AZ 86404-2346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: **SA11.8742942**

Amount of Each Receipt this Period
400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

10020170255

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

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

FOR LINE NUMBER: PAGE 249 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. SUSAN KRISTOL
Mailing Address 6625 JILL COURT

City State Zip Code
MC LEAN VA 22101-1613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE NONE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8723780

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN J. KRONNER
Mailing Address 1220 N PASEO MARAVILLOSO

City State Zip Code
GREEN VALLEY AZ 85614-3622

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8725486

Amount of Each Receipt this Period
201.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. WELDON D. KRUGER
Mailing Address 9315 WHITNEY LN

City State Zip Code
COLLEGE STATION TX 77845-8384

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8706744

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

701.00

TOTAL This Period (last page this line number only) ▶

10020170256

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

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

FOR LINE NUMBER: PAGE 250 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. HENRY Y. KUHL

Mailing Address P.O. BOX 26

City

FLEMINGTON

State

NJ

Zip Code

08822-0026

FEC ID number of contributing federal political committee.

C

Name of Employer
KUHL CORPORATION

Occupation
MANUFACTURER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8664484

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GEORGE KUMLER

Mailing Address 1416 HOPE LANE

City

SULPHUR

State

LA

Zip Code

70663-3835

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8675650

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GEORGE KUMLER

Mailing Address 1416 HOPE LANE

City

SULPHUR

State

LA

Zip Code

70663-3835

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8747078

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

455.00

TOTAL This Period (last page this line number only)

10020170257

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

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

FOR LINE NUMBER: PAGE 251 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT KWAIT

Mailing Address **28325 BELCOURT RD**

City State Zip Code
CLEVELAND OH 44124-5621

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
240.00

Date of Receipt

01 / 25 / 2010

Transaction ID: SA11.8728813

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. FRANCIS LABRIOLA

Mailing Address **12013 S HONAH LEE CT**

City State Zip Code
PHOENIX AZ 85044-3452

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

01 / 15 / 2010

Transaction ID: SA11.8682374

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. LAWRENCE L. LADOVE

Mailing Address **12 SLEEPY HOLLOW DR**

City State Zip Code
CARMEL VALLEY CA 93924-9149

FEC ID number of contributing federal political committee. **C**

Name of Employer
SELF

Occupation

INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8745470

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1480.00

TOTAL This Period (last page this line number only)

10020170258

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

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

FOR LINE NUMBER: PAGE 252 / 689
(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. NONA LAIR KLEIN
Mailing Address 121 N 12TH ST

City State Zip Code
ESTHERVILLE IA 51334-2025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8732377

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. CAROL J. LAMI
Mailing Address 453 WYNDEMERE CIRCLE

City State Zip Code
WHEATON IL 60187-2439

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
220.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8729060

Amount of Each Receipt this Period
220.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. RICHARD L. LANDES
Mailing Address 5621 E. CORSO DI NAPOLI

City State Zip Code
LONG BEACH CA 90803-4009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
251.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724748

Amount of Each Receipt this Period
251.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

971.00

TOTAL This Period (last page this line number only) ▶

10020170259

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 253 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. JOAN LARSEN

Mailing Address 1111 PYOTT RD

City State Zip Code
LAKE IN THE HILLS IL 60156-9715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8733424

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DAVID W. LARSON

Mailing Address 4404 WILKERSON MANOR DR SE

City State Zip Code
SMYRNA GA 30080-6449

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INDEPENDENT CONTRACTOR CERTIFIED REG. NURSE ANESTH.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751745

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DAVID R. LATCHFORD

Mailing Address P.O. BOX 794608

City State Zip Code
DALLAS TX 75379-4608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737096

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

10020170260

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

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

FOR LINE NUMBER: PAGE 254 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ARTHUR C. LATNO

Mailing Address 67 CONVENT COURT

City State Zip Code
SAN RAFAEL CA 94901-1333

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8657468

Amount of Each Receipt this Period
160.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ARTHUR C. LATNO

Mailing Address 67 CONVENT COURT

City State Zip Code
SAN RAFAEL CA 94901-1333

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8697469

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ABRAHAM LAVI

Mailing Address 7214 LAKE FOREST GLN

City State Zip Code
LAKEWOOD RANCH FL 34202-7903

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8732944

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

610.00

TOTAL This Period (last page this line number only) ▶

10020170261

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 255 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT LAWRENCE

Mailing Address 24 JACKSON POND RD

City State Zip Code
DEDHAM MA 02026-5524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8744303

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WILLIAM N. LAY

Mailing Address 1289 HEDGE LN

City State Zip Code
PADUCAH KY 42001-5251

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 501.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683553

Amount of Each Receipt this Period
501.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. FRED W. LAZENBY

Mailing Address 1201 BELLE MEADE BLVD

City State Zip Code
NASHVILLE TN 37205-4507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LNC CORPORATION CHAIRMAN AND CHIEF EXECUTIVE OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8675726

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

2001.00

TOTAL This Period (last page this line number only) ▶

10020170262

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

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

FOR LINE NUMBER: PAGE 256 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MICHAEL J. LEITH

Mailing Address 128 HAGWOOD RD

City State Zip Code
ZEBULON NC 27597-5995

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666891

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MARK S. LEVEY

Mailing Address 574 W. HAWTHORNE PLACE

City State Zip Code
CHICAGO IL 60657-2923

FEC ID number of contributing federal political committee. C

Name of Employer LOTSOFF CAPITAL MANAGEMENT Occupation INDIVIDUAL MANAGER

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8659703

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. JANE LEWELLEN

Mailing Address 607 KIRCHWOOD ST

City State Zip Code
PLAINVIEW TX 79072-5811

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 220.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2010

Transaction ID: SA11.8689101

Amount of Each Receipt this Period
220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

10020170263

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

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

FOR LINE NUMBER: PAGE 257 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. JOSEPH T. LEWIS
Mailing Address 113 259TH AVE NE

City State Zip Code
SAMMAMISH WA 98074-3483

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8712936

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MONTE J. LEWIS
Mailing Address 33890 POWELL HILLS LOOP

City State Zip Code
SHEDD OR 97377-9773

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754644

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DONALD R. LEYH
Mailing Address 64216 COUNTY HIGHWAY 48

City State Zip Code
BERTHA MN 56437-1059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LAKE WOOD HEALTH HOME HEALTH AIDE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8699466

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

10020170264

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

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

FOR LINE NUMBER: PAGE 258 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LARRY E. LICHTER

Mailing Address 2 THORSTRAND ROAD

City

MADISON

State

WI

Zip Code

53703-3207

FEC ID number of contributing federal political committee.

C

Name of Employer
LICHTER LAW OFFICE

Occupation
ATTORNEY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8664628

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN C. LILLICH

Mailing Address 4411 SW BRANCH TER W

City

PALM CITY

State

FL

Zip Code

34990-2240

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8660579

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. HAZEL B. LINDER

Mailing Address 4811 N COBBLESTONE ST

City

WICHITA

State

KS

Zip Code

67204-2304

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8696337

Amount of Each Receipt this Period

101.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

851.00

TOTAL This Period (last page this line number only)

10020170265

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

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

FOR LINE NUMBER: PAGE 259 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. HAZEL B. LINDER

Mailing Address 4811 N COBBLESTONE ST

City
WICHITA

State
KS

Zip Code
67204-2304

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754854

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN LINFOOT

Mailing Address 20 DOS ENCINAS

City
ORINDA

State
CA

Zip Code
94563-4116

FEC ID number of contributing federal political committee.

C

Name of Employer
JOHN A LINFOOT MD INC

Occupation
PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667489

Amount of Each Receipt this Period

130.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOHN LINFOOT

Mailing Address 20 DOS ENCINAS

City
ORINDA

State
CA

Zip Code
94563-4116

FEC ID number of contributing federal political committee.

C

Name of Employer
JOHN A LINFOOT MD INC

Occupation
PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8691628

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

430.00

TOTAL This Period (last page this line number only)

9270170266

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

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

FOR LINE NUMBER: PAGE 260 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
JOHN LINVILLE

Mailing Address 4744 THOM ROAD

City State Zip Code
MEBANE NC 27302

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RED HAT, INC. COMPUTER ENGINEER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.8682397

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. PHILIP E. LIPPINCOTT

Mailing Address P.O. BOX 2159

City State Zip Code
PARK CITY UT 84060-2159

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 376.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11.8727293

Amount of Each Receipt this Period
1.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. PHILIP E. LIPPINCOTT

Mailing Address P.O. BOX 2159

City State Zip Code
PARK CITY UT 84060-2159

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 376.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
0 1 / 2 8 / 2 0 1 0

Transaction ID: SA11.8745311

Amount of Each Receipt this Period
375.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

626.00

TOTAL This Period (last page this line number only) ▶

10020170267

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

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

FOR LINE NUMBER: PAGE 262 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ORVILLE A LOOS
Mailing Address 6912 GARDNER EXPY

City State Zip Code
QUINCY IL 62305-0715

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation SELF EMPLOYED

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8684484

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. KAY M. LORES
Mailing Address 11055 PARADELA ST

City State Zip Code
CORAL GABLES FL 33156-4243

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8690651

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ARCHIE T. LOS
Mailing Address 15 HOBSON AVENUE

City State Zip Code
TIVERTON RI 02878-2015

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 201.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8730535

Amount of Each Receipt this Period
201.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

701.00

TOTAL This Period (last page this line number only)

10020170269

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

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

FOR LINE NUMBER: PAGE 263 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. JUDITH K. LOVE

Mailing Address 2065 OLD DOMINION ROAD

City State Zip Code
ATLANTA GA 30350-4620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667980

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. JUDITH K. LOVE

Mailing Address 2065 OLD DOMINION ROAD

City State Zip Code
ATLANTA GA 30350-4620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8691027

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
WALKER E. LOVE

Mailing Address P.O. BOX 1796

City State Zip Code
BURLINGTON NC 27216-1796

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8749659

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

565.00

TOTAL This Period (last page this line number only) ▶

10020170270

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

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

FOR LINE NUMBER: PAGE 264 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MATTHEW LOZA

Mailing Address **9 COBBLESTONE DR**

City State Zip Code
PAOLI PA 19301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JOHNSON&JOHNSON RESEARCH SCIENTIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

01 / 18 / 2010

Transaction ID: SA11.8691601

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. HARRIET T. LUDWICK

Mailing Address **3200 W CALHOUN PKWY APT 803**

City State Zip Code
MINNEAPOLIS MN 55416

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

01 / 05 / 2010

Transaction ID: SA11.8658281

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. HARRIET T. LUDWICK

Mailing Address **3200 W CALHOUN PKWY APT 803**

City State Zip Code
MINNEAPOLIS MN 55416

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

01 / 27 / 2010

Transaction ID: SA11.8742251

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5240.00

TOTAL This Period (last page this line number only)

10020170271

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

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

FOR LINE NUMBER: PAGE 265 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. ERNST LUEDER

Mailing Address 9471 E YUCCA STREET

City State Zip Code
SCOTTSDALE AZ 85260-6115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737629

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. LORNA J. LUKENS

Mailing Address P.O. BOX 486

City State Zip Code
WEIMAR CA 95736-0486

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STATE OF CALIFORNIA PSYCHIATRIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8691829

Amount of Each Receipt this Period

220.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. WILBURN L. LUNA

Mailing Address 1720 S 3135 W

City State Zip Code
VERNAL UT 84078-8774

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 501.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683182

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1120.00

TOTAL This Period (last page this line number only)

10020170272

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 266 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. WILBURN L. LUNA
Mailing Address 1720 S 3135 W

City State Zip Code
VERNAL UT 84078-8774

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 501.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8743701

Amount of Each Receipt this Period
1.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WILBURN L. LUNA
Mailing Address 1720 S 3135 W

City State Zip Code
VERNAL UT 84078-8774

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 501.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745725

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. WILBURN L. LUNA
Mailing Address 1720 S 3135 W

City State Zip Code
VERNAL UT 84078-8774

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 501.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754661

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

101.00

TOTAL This Period (last page this line number only) ▶

10020170273

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

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

FOR LINE NUMBER: PAGE 267 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CHAD LUNT

Mailing Address 252 E ADAM LANE

City State Zip Code
WASHINGTON UT 84780

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF

Occupation
PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 16 / 2010

Transaction ID: SA11.8689201

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOE F. LYNCH

Mailing Address P.O. BOX 56408

City State Zip Code
HOUSTON TX 77256-6408

FEC ID number of contributing federal political committee.

C

Name of Employer
FIRST CONTINENTAL

Occupation
REAL ESTATE LENDER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8660182

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOE F. LYNCH

Mailing Address P.O. BOX 56408

City State Zip Code
HOUSTON TX 77256-6408

FEC ID number of contributing federal political committee.

C

Name of Employer
FIRST CONTINENTAL

Occupation
REAL ESTATE LENDER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8671330

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

10020170274

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

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

FOR LINE NUMBER: PAGE 268 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JOE F. LYNCH
Mailing Address P.O. BOX 56408

City State Zip Code
HOUSTON TX 77256-6408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FIRST CONTINENTAL REAL ESTATE LENDER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8705137

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOE F. LYNCH
Mailing Address P.O. BOX 56408

City State Zip Code
HOUSTON TX 77256-6408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FIRST CONTINENTAL REAL ESTATE LENDER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724574

Amount of Each Receipt this Period
75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. RYAN LYNCH
Mailing Address PO BOX 553

City State Zip Code
ALGONA IA 50511-0553

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LYNCH & LYNCH ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8713874

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

375.00

TOTAL This Period (last page this line number only) ▶

10020170275

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

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

FOR LINE NUMBER: PAGE 269 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DAVID A. LYTLE

Mailing Address 4549 TIFFANY LN

City State Zip Code
LOGANVILLE GA 30052-3590

FEC ID number of contributing federal political committee. **C**

Name of Employer
INGLETT STOBBS INTERNATIO-
NAL

Occupation
VICE - PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8750822

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MARIBETH MACCONEL

Mailing Address P.O. BOX 698

City State Zip Code
CORTEZ FL 34215

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8722536

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. RICHARD R. MACE

Mailing Address P.O. BOX 693

City State Zip Code
CRYSTAL BEACH FL 34681-8746

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8677311

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

10020170276

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

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

FOR LINE NUMBER: PAGE 270 / 689

(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

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
WILLIAM MACGEORGE
Mailing Address 41 MAIN ST S

City State Zip Code
BRIDGEWATER CT 06752

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8695224

Amount of Each Receipt this Period
201.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERTO MACIAS
Mailing Address 3247 LUCILE AVE

City State Zip Code
CLIFTON CO 81520-7888

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 470.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748801

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROBERTO MACIAS
Mailing Address 3247 LUCILE AVE

City State Zip Code
CLIFTON CO 81520-7888

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 470.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748807

Amount of Each Receipt this Period
120.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

421.00

TOTAL This Period (last page this line number only) ▶

10020170277

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

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

FOR LINE NUMBER: PAGE 271 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ROBERTO MACIAS

Mailing Address 3247 LUCILE AVE

City State Zip Code
CLIFTON CO 81520-7888

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 470.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8750827

Amount of Each Receipt this Period
CONTRIBUTION
250.00

B.

Full Name (Last, First, Middle Initial)
MR. WILLIAM H. MACKEY

Mailing Address 2581 PARKVIEW CT

City State Zip Code
SAINT PAUL MN 55110-5785

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8709735

Amount of Each Receipt this Period
CONTRIBUTION
240.00

C.

Full Name (Last, First, Middle Initial)
MR. RICHARD A. MACMILLAN

Mailing Address P.O. BOX 82005

City State Zip Code
LAFAYETTE LA 70598-2005

FEC ID number of contributing federal political committee. **C**

Name of Employer LHC GROUP Occupation SENIOR VP/SENIOR COUNSEL

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8742141

Amount of Each Receipt this Period
CONTRIBUTION
750.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1240.00

10020170278

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

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

FOR LINE NUMBER: PAGE 272 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
T MADGET

Mailing Address 22 WISHBONE RD

City State Zip Code
SAINT JOSEPH MO 64506-1635

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2010

Transaction ID: SA11.8661563

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. SRINIVASA MADHAVAN

Mailing Address 1019 SUGAR LAKES DR

City State Zip Code
SUGAR LAND TX 77478-3446

FEC ID number of contributing federal political committee. C

Name of Employer
KELLOGG BROWN & ROOT

Occupation
ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8663969

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
PETER A. MAGOWAN

Mailing Address 2100 WASHINGTON ST

City State Zip Code
SAN FRANCISCO CA 94109-2845

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666864

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

10020170279

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 273 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. BRUCE MAGUIRE
Mailing Address 31 CHANNEL CAY RD.

City State Zip Code
KEY LARGO FL 33037-5402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8703212

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS PAULA MAHAN
Mailing Address 4155 COSTERO RISCO

City State Zip Code
SAN CLEMENTE CA 92673-6408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ATTY INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8713944

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DANIEL L. MAIRS
Mailing Address 30230 HART OAKS DR

City State Zip Code
KEENE CA 93531-1512

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS PRESIDENT/CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8656296

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

10020170280

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

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

FOR LINE NUMBER: PAGE 274 / 689

(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
							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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. FREDERIC V. MALEK

Mailing Address 1259 CREST LANE

City

MCLEAN

State

VA

Zip Code

22101-1837

FEC ID number of contributing federal political committee.

C

Name of Employer
THAYER CAPITAL

Occupation
CHAIRMAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738479

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. CAROLYN J. MALION

Mailing Address 8264 N. C. 130 E.

City

FAIRMONT

State

NC

Zip Code

28340

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751333

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HAROLD MALION

Mailing Address N.C. 130 E. BOX 8264

City

FAIRMONT

State

NC

Zip Code

28340

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751332

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

30900.00

TOTAL This Period (last page this line number only)

10020170281

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

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

FOR LINE NUMBER: PAGE 275 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. BORIS MALKINZON

Mailing Address 2530 NORWOOD AVENUE

City State Zip Code
NORTH BELLMORE NY 11710-1705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED OWNER & DRIVER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740454

Amount of Each Receipt this Period

1.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. BORIS MALKINZON

Mailing Address 2530 NORWOOD AVENUE

City State Zip Code
NORTH BELLMORE NY 11710-1705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED OWNER & DRIVER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8750842

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. GEORGE T. MALONEY

Mailing Address 2109 SE TALBOT PL

City State Zip Code
STUART FL 34997-5692

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8738065

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

441.00

TOTAL This Period (last page this line number only) ▶

10020170282

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

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

FOR LINE NUMBER: PAGE 276 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. S. COOPER MALONE

Mailing Address 111 S. PECAN GROVE ROAD

City State Zip Code
LAKE ARTHUR NM 88253-9764

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8719880

Amount of Each Receipt this Period

201.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT M. MANJOS

Mailing Address P.O. BOX 250

City State Zip Code
GREENVALE NY 11548-0250

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DELTA DESIGN MYG EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 316.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737867

Amount of Each Receipt this Period

76.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT M. MANJOS

Mailing Address P.O. BOX 250

City State Zip Code
GREENVALE NY 11548-0250

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DELTA DESIGN MYG EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 316.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8738067

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

517.00

TOTAL This Period (last page this line number only)

10020170283

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

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

FOR LINE NUMBER: PAGE 277 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PIERSON MAPES

Mailing Address 9STERLINGTON ROAD

City State Zip Code
SLOATSBURG NY 10974

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8692667

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ALBERTO A. MARANTE

Mailing Address 17105 GULF PINE CIR

City State Zip Code
WELLINGTON FL 33414-6354

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF

Occupation
PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8721524

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BERNARD MARCUS

Mailing Address 1266 W PACES FERRY RD NW
SUITE 615

City State Zip Code
ATLANTA GA 30327-2306

FEC ID number of contributing federal political committee.

C

Name of Employer
HOME DEPOT

Occupation
FOUNDER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8670318

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

16250.00

TOTAL This Period (last page this line number only)

10020170284

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

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

FOR LINE NUMBER: PAGE 278 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. WILMA MARCUS

Mailing Address 1266 W PACES FERRY RD NW
SUITE 615

City ATLANTA State GA Zip Code 30327-2306

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8670317

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. LORRAINE B. MARRAN

Mailing Address 505 KUBIN COURT

City CALIFON State NJ Zip Code 07830-4116

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED

Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8698935

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. THOMAS MARSICANO

Mailing Address 1116 WILMINGTON ISLAND RD

City SAVANNAH State GA Zip Code 31410-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED

Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8741518

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

16000.00

TOTAL This Period (last page this line number only)

10020170285

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

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

FOR LINE NUMBER: PAGE 279 / 689

(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. WILLIAM MARTENS

Mailing Address 188 MERRILL RD.

City State Zip Code
POWNA ME 04069-6428

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8694924

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WILLIAM MARTENS

Mailing Address 188 MERRILL RD.

City State Zip Code
POWNA ME 04069-6428

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8753172

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DANIEL MARTIN

Mailing Address RR 3 BOX 115

City State Zip Code
CARROLLTON IL 62016-9537

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼
215.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8669509

Amount of Each Receipt this Period

215.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

465.00

TOTAL This Period (last page this line number only)

10020170286

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 280 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. GARY O. MARTIN

Mailing Address 8605 AMESTOY AVE

City State Zip Code
NORTHRIDGE CA 91325-3405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COLOMBIA PICTURES FILM MAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8753076

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
J J. MARTINEZ

Mailing Address 802 COUNTRY CLUB DR

City State Zip Code
RICHMOND TX 77469-5008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CERDA, MARTINEZ & CO LLP ACCOUNTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754735

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. LORETTA L. MARTIN

Mailing Address 4605 PAGE DR

City State Zip Code
METAIRIE LA 70003-1127

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TERMINIX PEST CONTROL ENTOMOLOGIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8746641

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

800.00

TOTAL This Period (last page this line number only) ▶

10020170287

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

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

FOR LINE NUMBER: PAGE 281 / 689
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. ROBERT W. MARTIN, JR.
Mailing Address P.O. BOX 728

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8725422

Amount of Each Receipt this Period
501.00

CONTRIBUTION

City State Zip Code
BOZEMAN MT 59771-0728

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
501.00

B.

Full Name (Last, First, Middle Initial)
MR. DOUGLAS G. MARTZ
Mailing Address 7450 SPRING VILLAGE DR APT 223

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8659854

Amount of Each Receipt this Period
500.00

CONTRIBUTION

City State Zip Code
SPRINGFIELD VA 22150-4942

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

C.

Full Name (Last, First, Middle Initial)
MR. GEORGE W. MATHEWS
Mailing Address 212 TOWNSEND PL NW

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8691946

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

City State Zip Code
ATLANTA GA 30327-3034

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1065.00

SUBTOTAL of Receipts This Page (optional) ▶ 2001.00

TOTAL This Period (last page this line number only) ▶

10020170288

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 282 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. GEORGE W. MATHEWS
Mailing Address 212 TOWNSEND PL NW

City State Zip Code
ATLANTA GA 30327-3034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1065.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8749014

Amount of Each Receipt this Period
65.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. JOHN MAUTERER
Mailing Address 74211 RIVER ROAD

City State Zip Code
COVINGTON LA 70435-2213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED VETERINARIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8657067

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
A. MAVIS
Mailing Address 233 WILSHIRE BLVD #250

City State Zip Code
SANTA MONICA CA 90401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8746643

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1315.00

TOTAL This Period (last page this line number only) ▶

10020170289

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 283 / 689

(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

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. MICHAEL G. MAXWELL
Mailing Address **2222 JANET DR**

City State Zip Code
SAINT JOHNS FL 32259-9284

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672547

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MICHAEL B. MAY
Mailing Address **3304 RHODES AVE UNIT 128**

City State Zip Code
NEW BOSTON OH 45662-4914

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672538

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MICHAEL B. MAY
Mailing Address **3304 RHODES AVE UNIT 128**

City State Zip Code
NEW BOSTON OH 45662-4914

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8741987

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

10020170290

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

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

FOR LINE NUMBER: PAGE 284 / 689

(check only one)

<input checked="" type="checkbox"/> X	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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. J. STANLEY MAYFIELD

Mailing Address 2564 LINDENWOOD DR

City State Zip Code
SAN ANGELO TX 76904-6759

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666753

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. L. LOWRY MAYS

Mailing Address PO BOX 659512

City State Zip Code
SAN ANTONIO TX 78265-9512

FEC ID number of contributing federal political committee. **C**

Name of Employer CLEAR CHANNEL

Occupation

CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683168

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MARK E. MAZO

Mailing Address 3719 CARDIFF ROAD

City State Zip Code
CHEVY CHASE MD 20815-5943

FEC ID number of contributing federal political committee. **C**

Name of Employer HOGAN & HARTSON LLP

Occupation

ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2010

Transaction ID: SA11.8691392

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

11110.00

TOTAL This Period (last page this line number only) ▶

10020170291

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

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

FOR LINE NUMBER: PAGE 285 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. MARK E. MAZO

Mailing Address 3719 CARDIFF ROAD

City State Zip Code
CHEVY CHASE MD 20815-5943

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HOGAN & HARTSON LLP ATTORNEY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1110.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8692392

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MISS JOAN L. MC DONALD

Mailing Address 24172 PASEO DEL CAMPO

City State Zip Code
LAGUNA NIGUEL CA 92677-2409

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SR. EDWARD CATHOLIC CHURCH DIRECTOR/CHRISTIAN SERVICES

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8719669

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. WILLIAM H. MCADAMS

Mailing Address 1428 PINNACLE VIEW DRIVE NE

City State Zip Code
ALBUQUERQUE NM 87112-6616

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745739

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1550.00

TOTAL This Period (last page this line number only) ▶

10020170292

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

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

FOR LINE NUMBER: PAGE 286 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. WILLIAM MCCLANAHAN

Mailing Address **297 OVERLOOK DRIVE**

City State Zip Code
BECKLEY WV 25801-9257

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HIGHLAND MACHINERY BUSINESS MANAGER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **401.00**

Date of Receipt

01 / 22 / 2010

Transaction ID: SA11.8717822

Amount of Each Receipt this Period

401.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JEREMIAH J. MCCLOSKEY

Mailing Address **463 1ST STREET
APARTMENT 8-L**

City State Zip Code
HOBOKEN NJ 07030-1860

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PATH COMMUNICATIONS REPAIRMAN LEAD

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **270.00**

Date of Receipt

01 / 22 / 2010

Transaction ID: SA11.8715014

Amount of Each Receipt this Period

270.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. HENRY N. MCCLUNEY

Mailing Address **271 INDIAN HARBOR ROAD**

City State Zip Code
VERO BEACH FL 32963-3508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **301.00**

Date of Receipt

01 / 22 / 2010

Transaction ID: SA11.8722866

Amount of Each Receipt this Period

301.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

972.00

TOTAL This Period (last page this line number only)

10020170293

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

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

FOR LINE NUMBER: PAGE 287 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
JAMES MCCOY

Mailing Address 5001 DITTO LANE

City State Zip Code
WICHITA FALLS TX 76302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ECHOMETER COMPANY ENGINEER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 23 / 2010

Transaction ID: SA11.8723359

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
SHANE MCCOY

Mailing Address PO BOX 305

City State Zip Code
HOUSTON TX 77001-0305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COP EXAMS BUSINESS OWNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8692391

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. SHAW MCCUTCHEON

Mailing Address 432 SE 17TH AVE

City State Zip Code
FORT LAUDERDALE FL 33301-2356

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8694146

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

700.00

TOTAL This Period (last page this line number only) ▶

10020170294

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

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

FOR LINE NUMBER: PAGE 288 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. SHAW MCCUTCHEON

Mailing Address 432 SE 17TH AVE

City State Zip Code
FORT LAUDERDALE FL 33301-2356

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738961

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. ANN MCDANIEL

Mailing Address P.O. BOX 1627

City State Zip Code
ALPINE TX 79831-1627

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8697498

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. PAUL B. MCDANIEL

Mailing Address 1941 CRESTVIEW DRIVE

City State Zip Code
MOSCOW ID 83843-9657

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 242.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8688094

Amount of Each Receipt this Period
121.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

671.00

TOTAL This Period (last page this line number only)

10020170295

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

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

FOR LINE NUMBER: PAGE 289 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. PAUL B. MCDANIEL

Mailing Address 1941 CRESTVIEW DRIVE

City State Zip Code
MOSCOW ID 83843-9657

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8750023

Amount of Each Receipt this Period

121.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FRANK X. MCGARVEY

Mailing Address 8833 GREENSBORO LANE

City State Zip Code
LAS VEGAS NV 89134-0524

FEC ID number of contributing federal political committee.

C

Name of Employer
COLORI, LLC

Occupation
PRESIDENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8689626

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

M. ASHLEY MCGEE

Mailing Address 3459 S. STAFFORD ST.

City State Zip Code
ARLINGTON VA 22205

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8747210

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2421.00

TOTAL This Period (last page this line number only)

10020170296

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

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

FOR LINE NUMBER: PAGE 290 / 689
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial) MR. PAUL J. MCGOLDRICK			Date of Receipt MM / DD / YYYY 01 / 06 / 2010		
Mailing Address 106 MAIN STREET STE 2B			Transaction ID: SA11.8662293		
City LITTLETON	State NH	Zip Code 03561-4052	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			CONTRIBUTION		
Name of Employer SELF		Occupation FINANCIAL ADVISOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

B.

Full Name (Last, First, Middle Initial) MR. PAUL J. MCGOLDRICK			Date of Receipt MM / DD / YYYY 01 / 15 / 2010		
Mailing Address 106 MAIN STREET STE 2B			Transaction ID: SA11.8685093		
City LITTLETON	State NH	Zip Code 03561-4052	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			CONTRIBUTION		
Name of Employer SELF		Occupation FINANCIAL ADVISOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

C.

Full Name (Last, First, Middle Initial) MR. PAUL J. MCGOLDRICK			Date of Receipt MM / DD / YYYY 01 / 19 / 2010		
Mailing Address 106 MAIN STREET STE 2B			Transaction ID: SA11.8696574		
City LITTLETON	State NH	Zip Code 03561-4052	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			CONTRIBUTION		
Name of Employer SELF		Occupation FINANCIAL ADVISOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

10020170297

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

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

FOR LINE NUMBER: PAGE 291 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. PAUL J. MCGOLDRICK

Mailing Address **106 MAIN STREET STE 2B**

City State Zip Code
LITTLETON NH 03561-4052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF FINANCIAL ADVISOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **275.00**

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8751785

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MICHAEL MCGONIGLE

Mailing Address **2204 PINE HILL FARMS LANE**

City State Zip Code
COCKEYSVILLE MD 21030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
T. ROWE PRICE GROUP INVESTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **400.00**

Date of Receipt

01 / 18 / 2010

Transaction ID: SA11.8691603

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MARY MCGRATH

Mailing Address **26 FOXHALL CLOSE**

City State Zip Code
NASHVILLE TN 37215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **250.00**

Date of Receipt

01 / 16 / 2010

Transaction ID: SA11.8688997

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

10020170298

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 292 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
PATRICK MCHALE
Mailing Address **201 50TH AVE APT 29B**

City State Zip Code
LONG ISLAND CITY NY 11101-5784

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STREET ACCOUNT LLC LAWYER/FINANCIAL NEWS WRITER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8693684

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. SARAJANE MCINNES
Mailing Address **P.O. BOX 155**

City State Zip Code
PALMER LAKE CO 80133-0155

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737634

Amount of Each Receipt this Period
240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. MARGARET MCIVER
Mailing Address **5400 COVENANT LANE**

City State Zip Code
WINSTON SALEM NC 27106-6459

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8687585

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

740.00

TOTAL This Period (last page this line number only)

10020170299

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

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

FOR LINE NUMBER: PAGE 293 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ERNEST H. MCKEE

Mailing Address 2902 E. 74TH STREET

City

TULSA

State

OK

Zip Code

74136-5636

FEC ID number of contributing federal political committee.

C

Name of Employer
L-3 COMMUNICATIONS

Occupation

EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8656923

Amount of Each Receipt this Period

205.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. LINDA R. MCKEE

Mailing Address 96 TREASURE LK

City

DU BOIS

State

PA

Zip Code

15801-9034

FEC ID number of contributing federal political committee.

C

Name of Employer
DR BOIS REGIONAL MEDICAL CENTER

Occupation

CANCER OBSTRUCTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8655882

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. LINDA R. MCKEE

Mailing Address 96 TREASURE LK

City

DU BOIS

State

PA

Zip Code

15801-9034

FEC ID number of contributing federal political committee.

C

Name of Employer
DR BOIS REGIONAL MEDICAL CENTER

Occupation

CANCER OBSTRUCTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8722232

Amount of Each Receipt this Period

125.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

430.00

TOTAL This Period (last page this line number only)

10020170300

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

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

FOR LINE NUMBER: PAGE 294 / 689
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. RONALD F. MCKENNA

Mailing Address 5770 HARBORAGE DR

City State Zip Code
FORT MYERS FL 33908-4548

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8673460

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MARY P. MCLAUGHLIN

Mailing Address 12923 BUCKEYE DR

City State Zip Code
GAITHERSBURG MD 20878-3578

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8659657

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. PETER H. MCMILLAN

Mailing Address 855 BEECHWOOD DR

City State Zip Code
DALY CITY CA 94015-3633

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8744831

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

10020170301

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

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

FOR LINE NUMBER: PAGE 295 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

R. MCNISH

Mailing Address 5320 WAPAKONETA RD

City
BETHESDA

State
MD

Zip Code
20816-3130

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
CONSULTANT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8663442

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FRED MCQUEARY

Mailing Address 4598 E. CULLODEN LANE

City
SPRINGFIELD

State
MO

Zip Code
65809-4185

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8662861

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. FRED MCQUEARY

Mailing Address 4598 E. CULLODEN LANE

City
SPRINGFIELD

State
MO

Zip Code
65809-4185

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8711230

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

451.00

TOTAL This Period (last page this line number only)

10020170302

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

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

FOR LINE NUMBER: PAGE 296 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JAMES A. MCRAE

Mailing Address 2214 S. RANDOLPH STREET

City State Zip Code
ARLINGTON VA 22204-5441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8718545

Amount of Each Receipt this Period
225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DOROTHY B. MEALY

Mailing Address 1859 PRIM CIR

City State Zip Code
AUBURN AL 36830-7503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8690596

Amount of Each Receipt this Period
625.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. ROBERT MEANS

Mailing Address 2204 ABBEYWOOD ROAD

City State Zip Code
LEXINGTON KY 40515-1154

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIVERSITY OF KESTACKS PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8684172

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1350.00

TOTAL This Period (last page this line number only) ▶

10020170305

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

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

FOR LINE NUMBER: PAGE 297 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JAKE MEDEIROS
Mailing Address **P.O. BOX 377**

City **BREAUX BRIDGE** State **LA** Zip Code **70517-0377**

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 15 / 2010

Transaction ID: SA11.8688880

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN E. MEDICI
Mailing Address **10106 BAILEYSBURG LANE**

City **NOKESVILLE** State **VA** Zip Code **20181-1101**

FEC ID number of contributing federal political committee. **C**

Name of Employer
PRINCE WILLIAM COUNTY GOVERNMENT

Occupation
HAZARDOUS MATERIALS OFFICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
01 / 28 / 2010

Transaction ID: SA11.8745637

Amount of Each Receipt this Period
225.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
R. WATHEN MEDLEY
Mailing Address **1220 FREDERICA ST**

City **OWENSBORO** State **KY** Zip Code **42301-3057**

FEC ID number of contributing federal political committee. **C**

Name of Employer
SELF

Occupation
DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 14 / 2010

Transaction ID: SA11.8679920

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

10020170304

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

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

FOR LINE NUMBER: PAGE 299 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. BARRANT V. MERRILL
Mailing Address 3525 POLO DR

City State Zip Code
GULF STREAM FL 33483-7423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8702607

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. ALYE MERTZ
Mailing Address P.O. BOX 733

City State Zip Code
RANCHO SANTA FE CA 92067-0733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8705387

Amount of Each Receipt this Period
400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ARTHUR MESSIER
Mailing Address 16489 MESQUITE ST

City State Zip Code
HESPERIA CA 92345-5846

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8658083

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1150.00

TOTAL This Period (last page this line number only) ▶

10020170306

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 300 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT METCALF, SR.

Mailing Address 444 E MEDICAL CENTER BLVD
APARTMENT 509A

City State Zip Code
WEBSTER TX 77598

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8685917

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JIMMY C. MEYER

Mailing Address 8103 ROLLING KNOLL COURT

City State Zip Code
SPRINGFIELD VA 22153-2530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LOCKHEED MARTIN SOFTWARE ENGINEER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740586

Amount of Each Receipt this Period

380.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN C. MEYER

Mailing Address 5801 COACH GATE WYNDE

City State Zip Code
LOUISVILLE KY 40207-2209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8714847

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

880.00

TOTAL This Period (last page this line number only)

10020170307

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

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

FOR LINE NUMBER: PAGE 301 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. W. A. MICHAELIS, JR.

Mailing Address 211 NORTH BROADWAY
P.O. BOX 247

City State Zip Code
WICHITA KS 67202-2320

FEC ID number of contributing federal political committee. **C**

Name of Employer
GRAHAM-MICHAELIS CORPORAT-
ION

Occupation
PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672535

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. W. A. MICHAELIS, JR.

Mailing Address 211 NORTH BROADWAY
P.O. BOX 247

City State Zip Code
WICHITA KS 67202-2320

FEC ID number of contributing federal political committee. **C**

Name of Employer
GRAHAM-MICHAELIS CORPORAT-
ION

Occupation
PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8750508

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. STEVEN G. MIHAYLO

Mailing Address PO BOX 19790

City State Zip Code
RENO NV 89511-2471

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30400.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666750

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

31650.00

TOTAL This Period (last page this line number only)

10020170308

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

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

FOR LINE NUMBER: PAGE 302 / 689
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. BARRY MILLER

Mailing Address 6 LOCHTYNE CIRCLE

City State Zip Code
HOUSTON TX 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF ATTORNEY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2010

Transaction ID: SA11.8689197

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. BRIAN T. MILLER

Mailing Address 574 CACTUS CIRCLE

City State Zip Code
KILLEEN TX 76542

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2010

Transaction ID: SA11.8661256

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. CHARLES J. MILLER, JR.

Mailing Address 13350 SOUTHAMPTON DR

City State Zip Code
BONITA SPRINGS FL 34135-3407

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8733203

Amount of Each Receipt this Period
240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1240.00

TOTAL This Period (last page this line number only)

10020170309

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 303 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. DAVID MILLER

Mailing Address **9789 NE MURDEN COVE DR**

City State Zip Code
BAINBRIDGE IS WA 98110-1332

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: **SA11.8702179**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DIANE D MILLER

Mailing Address **1080 CHESTNUT ST**

City State Zip Code
SAN FRANCISCO CA 94109-1240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: **SA11.8670972**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. JUDITH A. MILLER

Mailing Address **23060 SHADY KNOLL DRIVE**

City State Zip Code
BONITA SPRINGS FL 34135-2034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: **SA11.8744967**

Amount of Each Receipt this Period
220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

970.00

TOTAL This Period (last page this line number only)

10020170310

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

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

FOR LINE NUMBER: PAGE 304 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
COL. KURTZ MILLER, USA RET
Mailing Address RR2 BOX 215B

City State Zip Code
KEYSER WV 26726-9230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8712975

Amount of Each Receipt this Period
120.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
COL. KURTZ MILLER, USA RET
Mailing Address RR2 BOX 215B

City State Zip Code
KEYSER WV 26726-9230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8712977

Amount of Each Receipt this Period
120.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. LARRY MILLER
Mailing Address 8322 VAN PELT DR

City State Zip Code
DALLAS TX 75228-5950

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8731594

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

490.00

TOTAL This Period (last page this line number only)

10020170311

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

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

FOR LINE NUMBER: PAGE 305 / 689
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. MARY M. MILLER

Mailing Address 6530 GOLDEN DAWN CT

City State Zip Code
SPARKS NV 89436-8419

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8712991

Amount of Each Receipt this Period
350.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. STEPHEN MILLER

Mailing Address 29 ATHERTON AVE

City State Zip Code
ATHERTON CA 94027

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2010

Transaction ID: SA11.8689219

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
WILLIAM A. MILLER, JR.

Mailing Address P.O. BOX 31

City State Zip Code
NAVASOTA TX 77868-0031

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8709733

Amount of Each Receipt this Period
240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1090.00

TOTAL This Period (last page this line number only) ▶

10020170312

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

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

FOR LINE NUMBER: PAGE 306 / 689
(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. GERRISH MILLIKEN
Mailing Address 39 PIERSON DR

City State Zip Code
GREENWICH CT 06831-2524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8723899

Amount of Each Receipt this Period
201.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. LEONIDA MISIUKOWIEC
Mailing Address 40 BARNESON AVE APT A

City State Zip Code
SAN MATEO CA 94402-2965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 310.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667147

Amount of Each Receipt this Period
60.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. LEONIDA MISIUKOWIEC
Mailing Address 40 BARNESON AVE APT A

City State Zip Code
SAN MATEO CA 94402-2965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 310.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8685652

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

411.00

TOTAL This Period (last page this line number only) ▶

10020170313

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

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

FOR LINE NUMBER: PAGE 307 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. LEONIDA MISIUKOWIEC

Mailing Address **40 BARNESON AVE APT A**

City State Zip Code
SAN MATEO CA 94402-2965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **310.00**

Date of Receipt

01 / 21 / 2010

Transaction ID: SA11.8706737

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. HOLBROOK T. MITCHELL

Mailing Address **2170 HOFFMAN LN**

City State Zip Code
NAPA CA 94558-9786

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF FARMER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **250.00**

Date of Receipt

01 / 20 / 2010

Transaction ID: SA11.8704598

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. MARY B. MONTGOMERY

Mailing Address **7433 SOMERSET RD**

City State Zip Code
KNOXVILLE TN 37909-2356

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **250.00**

Date of Receipt

01 / 12 / 2010

Transaction ID: SA11.8673422

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **600.00**

TOTAL This Period (last page this line number only)

600.00

10020170314

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 308 / 689
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. MARY P. MONTGOMERY

Mailing Address **11807 DOROTHY ST**
APARTMENT 1

City **LOS ANGELES** State **CA** Zip Code **90049-4453**

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **601.00**

Date of Receipt **01 / 25 / 2010**
Transaction ID: SA11.8729272
Amount of Each Receipt this Period **400.00**
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. MARY P. MONTGOMERY

Mailing Address **11807 DOROTHY ST**
APARTMENT 1

City **LOS ANGELES** State **CA** Zip Code **90049-4453**

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **601.00**

Date of Receipt **01 / 25 / 2010**
Transaction ID: SA11.8732034
Amount of Each Receipt this Period **201.00**
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. R. NEIL MONTGOMERY

Mailing Address **1925 HAWK HILL DR**

City **HARTSVILLE** State **SC** Zip Code **29550-9316**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.00**

Date of Receipt **01 / 15 / 2010**
Transaction ID: SA11.8682621
Amount of Each Receipt this Period **100.00**
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **701.00**

TOTAL This Period (last page this line number only)

10020170315

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

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

FOR LINE NUMBER: PAGE 309 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. R. NEIL MONTGOMERY
Mailing Address 1925 HAWK HILL DR

City State Zip Code
HARTSVILLE SC 29550-9316

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
201.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8709179

Amount of Each Receipt this Period
101.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. GARY MOORE
Mailing Address 3791 GALLOWAY DR NE

City State Zip Code
ROSWELL GA 30075-2610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8669563

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAY MOORE
Mailing Address 2028 BUFFALO TERRACE

City State Zip Code
HOUSTON TX 77019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CANYONLANDS CORPORATION INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8677614

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

851.00

TOTAL This Period (last page this line number only)

10020170316

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

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

FOR LINE NUMBER: PAGE 310 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
PAUL H. MOORE

Mailing Address 1211 FARNSWORTH

City State Zip Code
PASCAGOULA MS 39567

FEC ID number of contributing federal political committee.

C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740810

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. PAUL H. MOORE, M.D.

Mailing Address 1211 FARNSWORTH AVENUE

City State Zip Code
PASCAGOULA MS 39567-1255

FEC ID number of contributing federal political committee.

C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740716

Amount of Each Receipt this Period

201.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
TIMOTHY L MOORE

Mailing Address 3160 LONG DR

City State Zip Code
NEWCASTLE OK 73065-6499

FEC ID number of contributing federal political committee.

C

Name of Employer SELF

Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8712837

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

691.00

TOTAL This Period (last page this line number only)

10020170317

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

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

FOR LINE NUMBER: PAGE 311 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DEWITT L. MORRIS

Mailing Address 434 PODRASKY RD

City State Zip Code
LAKE CHARLES LA 70611-6236

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8677728

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
I. A. MORRIS

Mailing Address 2 SOUTH ST.

City State Zip Code
CLIFTON SPRINGS NY 14432-1118

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737548

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ISAAC A. MORRIS

Mailing Address 2867 OUTLET RD

City State Zip Code
CLIFTON SPRINGS NY 14432-9742

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
G.W. LISK ENGINEER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8686279

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

10020170318

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

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

FOR LINE NUMBER: PAGE 312 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
JOHN MORRISON

Mailing Address 910 W THOMAS ST

City State Zip Code
ARLINGTON HEIGHTS IL 60004-4614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
251.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8685864

Amount of Each Receipt this Period

251.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
THOMAS MORRIS, III

Mailing Address 6920 HILL FOREST DR

City State Zip Code
DALLAS TX 75230-2345

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724610

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MARK A. MORROW

Mailing Address 1268 MOUNTAIN VIEW DR

City State Zip Code
DALLAS PA 18612-3014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS CONSULTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
320.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8681788

Amount of Each Receipt this Period

320.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

821.00

TOTAL This Period (last page this line number only)

10020170319

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 313 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
RICHARD MORSE
Mailing Address 251 WASHINGTON ST

City State Zip Code
DUXBURY MA 02332-4541

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8676068

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
ALLAN I. MOSSBERG
Mailing Address 873 2ND AVE S

City State Zip Code
TIERRA VERDE FL 33715-2250

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8753289

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. GREG MUNGAS
Mailing Address 557 BURBANK ST UNIT J

City State Zip Code
BROOMFIELD CO 80020-7118

FEC ID number of contributing federal political committee. **C**

Name of Employer NAPA JPL

Receipt For:
 Primary General
 Other (specify) ▼

Occupation ENGINEER

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8723473

Amount of Each Receipt this Period
270.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1520.00

TOTAL This Period (last page this line number only)

10020170320

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

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

FOR LINE NUMBER: PAGE 314 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DAVID MUNOZ

Mailing Address 110 LIVINGSTON ST

City State Zip Code
BROOKLYN NY 11201-5057

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BLACKROCK ASSET MANAGEMENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8675645

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JAMES L. MURDY

Mailing Address P.O BOX 237

City State Zip Code
FARMINGTON PA 15437-0237

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8689727

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JOHN M. MURPHY

Mailing Address 8000 COUNTY ROAD 804

City State Zip Code
BURLESON TX 76028-2032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 241.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740669

Amount of Each Receipt this Period
241.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

991.00

TOTAL This Period (last page this line number only)

10020170321

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 315 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. MARY L. MURPHY

Mailing Address **5062 MALIBU DR**

City State Zip Code
PARADISE CA 95969-6684

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation
MOBILE HOME PARK OWNER

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
301.00

Date of Receipt

01 / 08 / 2010

Transaction ID: SA11.8665157

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. MARY L. MURPHY

Mailing Address **5062 MALIBU DR**

City State Zip Code
PARADISE CA 95969-6684

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation
MOBILE HOME PARK OWNER

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
301.00

Date of Receipt

01 / 21 / 2010

Transaction ID: SA11.8708524

Amount of Each Receipt this Period

251.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MEADE F. MURPHY

Mailing Address **708 FOREST PARK BLVD APT 204**

City State Zip Code
OXNARD CA 93036-5394

FEC ID number of contributing federal political committee. **C**

Name of Employer CHEM PRO LAB Occupation
LAB TECHNICIAN

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
325.00

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8747936

Amount of Each Receipt this Period

325.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

626.00

TOTAL This Period (last page this line number only)

10020170322

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

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

FOR LINE NUMBER: PAGE 316 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CHARLES A. MURRAY, JR.

Mailing Address 214 W TURBO DR

City State Zip Code
SAN ANTONIO TX 78216-3312

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SAN ANTONIO FLOOR FINISHING IN ESTIMATOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8685090

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. GEORGE L. MYLANDER

Mailing Address 155 SUNSET DRIVE

City State Zip Code
SANDUSKY OH 44870-5224

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672427

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MATTHEW B. NAEGLER

Mailing Address 4073 TINKER HILL RD

City State Zip Code
PHOENIXVILLE PA 19460-2840

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 251.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8687648

Amount of Each Receipt this Period
251.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1001.00

TOTAL This Period (last page this line number only) ▶

10020170323

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 317 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SALLY NAGELE

Mailing Address 32054 HANDFORD BLVD

City

AVON LAKE

State

OH

Zip Code

44012-2936

FEC ID number of contributing federal political committee.

C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8732921

Amount of Each Receipt this Period

251.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FERENC NAGY

Mailing Address 9316 CLINTON ANDERSON DR NW

City

ALBUQUERQUE

State

NM

Zip Code

87114-5345

FEC ID number of contributing federal political committee.

C

Name of Employer LECTROSONICS INC

Occupation

ELECTRONIC ENGINEER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737645

Amount of Each Receipt this Period

130.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. FERENC NAGY

Mailing Address 9316 CLINTON ANDERSON DR NW

City

ALBUQUERQUE

State

NM

Zip Code

87114-5345

FEC ID number of contributing federal political committee.

C

Name of Employer LECTROSONICS INC

Occupation

ELECTRONIC ENGINEER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748397

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

481.00

TOTAL This Period (last page this line number only)

10020170324

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 318 / 689
(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DOCTOR ANDREW NAMEN
Mailing Address **7742 WATERMARK LN**

City State Zip Code
JACKSONVILLE FL 32256-4111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8680191

Amount of Each Receipt this Period
225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CHARLES W. NANCE
Mailing Address **214 N BAY DR**

City State Zip Code
BULLARD TX 75757-9398

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **251.00**

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8709020

Amount of Each Receipt this Period
251.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
REIN NARMA
Mailing Address **PO BOX 777**

City State Zip Code
SOUTHOLD NY 11971-0777

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8663752

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

726.00

TOTAL This Period (last page this line number only)

10020170325

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

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

FOR LINE NUMBER: PAGE 319 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. WILLIAM J. NASIF

Mailing Address 5108 CATHEDRAL OAKS ROAD

City State Zip Code
SANTA BARBARA CA 93111-1204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CERTIFIED PUBLIC ACCOUNTANT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8664960

Amount of Each Receipt this Period

400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
T NATHALIA

Mailing Address 12611 SE 128TH COURT

City State Zip Code
CLACKAMAS OR 97086-1616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A N/A

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 201.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740536

Amount of Each Receipt this Period

201.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN L. NAU, III

Mailing Address 3217 DEL MONTE DR

City State Zip Code
HOUSTON TX 77019-3217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SILVER EAGLE DISTRIBUTORS PRESIDENT AND CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 29500.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8681894

Amount of Each Receipt this Period

29500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

30101.00

TOTAL This Period (last page this line number only)

10020170326

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

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

FOR LINE NUMBER: PAGE 320 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DOCTOR JOSE R. NAVATO

Mailing Address 3624 NW BLUE JACKET DR

City State Zip Code
LEES SUMMIT MO 64064-3013

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8749664

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. SARA NAYLOR

Mailing Address 5200 N CAMINO DE LA CUMBRE

City State Zip Code
TUCSON AZ 85750-1506

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8750623

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES L. NEAL

Mailing Address 1675 ROBINHOOD LN

City State Zip Code
CLEARWATER FL 33764-6447

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 201.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8685546

Amount of Each Receipt this Period

201.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

681.00

TOTAL This Period (last page this line number only) ▶

10020170327

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 321 / 689
	<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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
JOHN A. NEGRONI

Mailing Address **53 BLUEBERRY HILL RD**

City **WESTON** State **CT** Zip Code **06883-2403**

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 12 / 2010**

Transaction ID: **SA11.8674531**

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROGER H. NEIGHBORS

Mailing Address **26035 W 73RD ST**

City **LENEXA** State **KS** Zip Code **66227-2502**

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **01 / 29 / 2010**

Transaction ID: **SA11.8753472**

Amount of Each Receipt this Period **500.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. MARILYN CARLSON NELSON

Mailing Address **500 TONKAWA ROAD**

City **LONG LAKE** State **MN** Zip Code **55356-9724**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CARLSON COMPANIES** Occupation **CHAIRMAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **01 / 05 / 2010**

Transaction ID: **SA11.8659699**

Amount of Each Receipt this Period **1000.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

TOTAL This Period (last page this line number only) ▶

10020170328

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 322 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. MAX NELSON
Mailing Address 3530 ELLERY CIR

City State Zip Code
FALLS CHURCH VA 22041-3050

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745352

Amount of Each Receipt this Period
240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. W. ALVIN NEW
Mailing Address 1502 RAY ST

City State Zip Code
SAN ANGELO TX 76904-9003

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666752

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. J. CLAY NEWMAN
Mailing Address 5102 PARK STREET, SW

City State Zip Code
COVINGTON GA 30014-2769

FEC ID number of contributing federal political committee. **C**

Name of Employer INTEGRATED POWER SOLUTIONS
Occupation CHAIRMAN
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
25000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738507

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

40240.00

TOTAL This Period (last page this line number only)

10020170329

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

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

FOR LINE NUMBER: PAGE 323 / 689

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
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<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ANH D. NGUYEN

Mailing Address 4415 144TH PL SE

City State Zip Code
SNOHOMISH WA 98296

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 23 / 2010

Transaction ID: SA11.8723440

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CUONG M. NGUYEN

Mailing Address 18 FAULKNER STREET
APARTMENT 1

City State Zip Code
DORCHESTER MA 02122-1339

FEC ID number of contributing federal political committee. C

Name of Employer THANG LONG NEWS

Occupation

NEWSPAPER BUSINESS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8659662

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. HAI NGUYEN

Mailing Address 9623 PARK AVE

City State Zip Code
LAUREL MD 20723-1800

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8721611

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

10020170330

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

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

FOR LINE NUMBER: PAGE 324 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. STUART C. NICKERSON

Mailing Address **1032 FEARRINGTON POST**

City State Zip Code
PITTSBORO NC 27312-5502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **250.00**

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8751730

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
PENNY E. NIEMI

Mailing Address **619 TURNBERRY DR**

City State Zip Code
SAINT CLAIR MI 48079-4279

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF DENTIST

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **500.00**

Date of Receipt

01 / 12 / 2010

Transaction ID: SA11.8669439

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MICHAEL NIHILL

Mailing Address **1122 VILLAGE CT.**

City State Zip Code
EVANS GA 30809

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LAMAR ADVERTISING VP/GM

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **240.00**

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8747216

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

10020170331

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

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

FOR LINE NUMBER: PAGE 325 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JACK K. NISSELIUS
Mailing Address **P.O. BOX 3006**

City State Zip Code
GILLETTE WY 82717-3006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 / 22 / 2010

Transaction ID: SA11.8722090

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
BRUCE A NIX
Mailing Address **5401 ROLLING HLS**

City State Zip Code
TEXARKANA TX 75503-6110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF LANDSCAPE CONTRACTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 05 / 2010

Transaction ID: SA11.8658131

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MICHAEL JOHN NIZAR
Mailing Address **65 SANTA CLARA AVE**

City State Zip Code
SAN FRANCISCO CA 94127-1517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
210.00

Date of Receipt
01 / 14 / 2010

Transaction ID: SA11.8679290

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **650.00**

TOTAL This Period (last page this line number only)

10020170332

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

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

FOR LINE NUMBER: PAGE 326 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. MICHAEL JOHN NIZAR

Mailing Address 65 SANTA CLARA AVE

City State Zip Code
SAN FRANCISCO CA 94127-1517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8729619

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CHARLES N. NOBLES

Mailing Address 8666 E. 102ND STREET

City State Zip Code
TULSA OK 74133-6988

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8732493

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN NOH

Mailing Address 3663 S BASCOM AVE

City State Zip Code
CAMPBELL CA 95008-7313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BROCADD PUBLIC RELATIONS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8691180

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

610.00

TOTAL This Period (last page this line number only)

10020170333

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

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

FOR LINE NUMBER: PAGE 327 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DONALD J. NORES
Mailing Address 598 ARBOR ST

City State Zip Code
PASADENA CA 91105-1536

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8733885

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JEFF J. NORKUS
Mailing Address 20 EAGLE CLAW DR

City State Zip Code
HILTON HEAD SC 29926-1853

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
IBM PLANNING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8734224

Amount of Each Receipt this Period
600.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. EVAN M. NOSEK
Mailing Address 340 S MADISON AVE

City State Zip Code
LA GRANGE IL 60525-6304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8747827

Amount of Each Receipt this Period
225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 1325.00

TOTAL This Period (last page this line number only)

10020170334

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

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

FOR LINE NUMBER: PAGE 328 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. JOSE W. NOYES

Mailing Address 555 PARK AVE
121

City State Zip Code
NEW YORK NY 10065-8199

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8732748

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MCKEE NUNNALLY, JR.

Mailing Address 3180 ARDEN RD NW

City State Zip Code
ATLANTA GA 30305-1917

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8741985

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. BRIAN E. O' BRIEN

Mailing Address 510 BERING DR STE 600

City State Zip Code
HOUSTON TX 77057

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF INVESTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672562

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

10020170335

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

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

FOR LINE NUMBER: PAGE 330 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN JAMES O'NEILL, JR.

Mailing Address 2301 N STREET NW
#515

City State Zip Code
WASHINGTON DC 20037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OGILVY GOVERNMENT RELATIO- SENIOR VICE PRESIDENT
NS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683185

Amount of Each Receipt this Period

375.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN O'ROURKE

Mailing Address 5375 63RD ST

City State Zip Code
MASPETH NY 11378-1209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
J AND J CITRUS TRUCK DRIVER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8691256

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

THOMAS OCHELTREE

Mailing Address 15 SUNSET RD

City State Zip Code
BLOOMINGTON IL 61701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683243

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

10020170337

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

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

FOR LINE NUMBER: PAGE 331 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ARNOLD OCHS

Mailing Address 12221 BLUFF RD

City

TRAVERSE CITY

State

MI

Zip Code

49686-8445

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8702704

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RICHARD ODOM

Mailing Address 1546 NEELYS BEND RD

City

MADISON

State

TN

Zip Code

37115-5610

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737532

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DAN OJA

Mailing Address PMB 146, 8168 CROWN BAY MARINA, SU

City

ST. THOMAS

State

VI

Zip Code

00802

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF

Receipt For:

Primary General
 Other (specify) ▼

Occupation

PROGRAMMER/AUTHOR

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8662637

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

10020170338

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

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

FOR LINE NUMBER: PAGE 332 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. DOROTHY M. OLSON

Mailing Address 3730 PENNSYLVANIA AVE APT 104

City State Zip Code
DUBUQUE IA 52002-3784

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
201.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8707491

Amount of Each Receipt this Period

201.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DAVID L. OSMENT

Mailing Address 1350 NOBLE HERON WAY

City State Zip Code
NAPLES FL 34105-2791

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8677721

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT OSTER

Mailing Address 38 FLOOD CIR

City State Zip Code
ATHERTON CA 94027-2151

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8679854

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1201.00

TOTAL This Period (last page this line number only)

10020170339

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

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

FOR LINE NUMBER: PAGE 333 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MISS HELEN OUERBACKER

Mailing Address 215 E 79TH ST APT 6C

City State Zip Code
NEW YORK NY 10075-0851

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8697303

Amount of Each Receipt this Period

101.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MISS HELEN OUERBACKER

Mailing Address 215 E 79TH ST APT 6C

City State Zip Code
NEW YORK NY 10075-0851

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751357

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. LARRY M. OVERSMITH

Mailing Address 173 MOHAWK STREET

City State Zip Code
JACKSON MI 49203-5349

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED

Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2010

Transaction ID: SA11.8662179

Amount of Each Receipt this Period

120.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

321.00

TOTAL This Period (last page this line number only) ▶

10020170340

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

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

FOR LINE NUMBER: PAGE 335 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. M. A. OZTEKIN

Mailing Address P.O. BOX 170399

City State Zip Code
BIRMINGHAM AL 35217-0399

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KENT CORPORCTION C.E.O

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2625.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8720884

Amount of Each Receipt this Period
1875.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. M. A. OZTEKIN

Mailing Address P.O. BOX 170399

City State Zip Code
BIRMINGHAM AL 35217-0399

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KENT CORPORCTION C.E.O

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2625.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8750305

Amount of Each Receipt this Period
750.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. KARL B. PACE

Mailing Address PO BOX 129

City State Zip Code
GLOUCESTER NC 28528

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KARL PACE OWNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
350.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8744924

Amount of Each Receipt this Period
350.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2975.00

TOTAL This Period (last page this line number only)

10020170342

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

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

FOR LINE NUMBER: PAGE 336 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. GERALD PALM

Mailing Address **P.O. BOX 60
700 ASPEN COURT**

City **ELK MOUNTAIN** State **WY** Zip Code **82324-0214**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **301.00**

Date of Receipt **MM / DD / YYYY**
01 / 22 / 2010

Transaction ID: **SA11.8718378**

Amount of Each Receipt this Period
301.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JACK PALMER

Mailing Address **P.O. BOX 376**

City **LAKESIDE** State **MT** Zip Code **59922-0376**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **MM / DD / YYYY**
01 / 27 / 2010

Transaction ID: **SA11.8740639**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. KENNETH P. PALMERO

Mailing Address **P.O. BOX 4041**

City **MONROE** State **CT** Zip Code **06468-4041**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PALMERO HEALTHCARE** Occupation **SELF EMPLOYED / OWNER**

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **MM / DD / YYYY**
01 / 05 / 2010

Transaction ID: **SA11.8660545**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **651.00**

TOTAL This Period (last page this line number only)

10020170343

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

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

FOR LINE NUMBER: PAGE 337 / 689

(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. KENNETH P. PALMERO

Mailing Address P.O. BOX 4041

City

MONROE

State

CT

Zip Code

06468-4041

FEC ID number of contributing federal political committee.

C

Name of Employer
PALMERO HEALTHCARE

Occupation
SELF EMPLOYED / OWNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8688829

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. KENNETH P. PALMERO

Mailing Address P.O. BOX 4041

City

MONROE

State

CT

Zip Code

06468-4041

FEC ID number of contributing federal political committee.

C

Name of Employer
PALMERO HEALTHCARE

Occupation
SELF EMPLOYED / OWNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8701449

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. KENNETH P. PALMERO

Mailing Address P.O. BOX 4041

City

MONROE

State

CT

Zip Code

06468-4041

FEC ID number of contributing federal political committee.

C

Name of Employer
PALMERO HEALTHCARE

Occupation
SELF EMPLOYED / OWNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8712972

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

10020170344

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

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

FOR LINE NUMBER: PAGE 338 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
LINDA J. PALMER

Mailing Address 4800 WHISPERING PINE WAY

City State Zip Code
NAPLES FL 34103-2408

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 251.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8736750

Amount of Each Receipt this Period
251.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. RICHARD S. PALMER

Mailing Address 30 HAZARD ROAD

City State Zip Code
NEWPORT RI 02840-4260

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8746659

Amount of Each Receipt this Period
240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. KURT PAPENFUS

Mailing Address P.O. BOX 572

City State Zip Code
SNOWMASS CO 81654-0572

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF EMPLOYED M.D.

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8671714

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

591.00

TOTAL This Period (last page this line number only) ▶

10020170345

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

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

FOR LINE NUMBER: PAGE 339 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. KURT PAPENFUS

Mailing Address **P.O. BOX 572**

City State Zip Code
SNOWMASS CO 81654-0572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED M.D.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
225.00

Date of Receipt

01 / 18 / 2010

Transaction ID: SA11.8689370

Amount of Each Receipt this Period

125.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
P. PAUL PAPPALARDO

Mailing Address **P.O. BOX 4490**

City State Zip Code
GREENWICH CT 06831-0409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2000.00

Date of Receipt

01 / 14 / 2010

Transaction ID: SA11.8679076

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CHARLES R. PARISH

Mailing Address **11 FOREST GREEN TR**

City State Zip Code
KINGWOOD TX 77339-5316

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

01 / 15 / 2010

Transaction ID: SA11.8681630

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2425.00

TOTAL This Period (last page this line number only)

10020170346

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

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

FOR LINE NUMBER: PAGE 340 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
RICHARD L. PARISH, JR.

Mailing Address 100 LAKESHORE DR APT L7

City State Zip Code
NORTH PALM BEACH FL 33408-3660

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8735070

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. BRYAN M. PARK

Mailing Address 13906 SW 216TH ST

City State Zip Code
VASHON WA 98070-6335

FEC ID number of contributing federal political committee. **C**

Name of Employer
PACIFIC NORTHERN CONSTRUCT-
ION COMPANY I

Occupation
CONSTRUCTION EXEC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8753918

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CHARLES P. PARKER

Mailing Address 255 ROCKAWAY PKWY

City State Zip Code
VALLEY STREAM NY 11580-3413

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667068

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

990.00

TOTAL This Period (last page this line number only) ▶

10020170347

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

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

FOR LINE NUMBER: PAGE 341 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JACK PARKER

Mailing Address P.O. BOX 2709

City State Zip Code
CAREFREE AZ 85377-2709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672534

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. JERRY M. PARKER

Mailing Address 1070 ORTEGA ROAD

City State Zip Code
PEBBLE BEACH CA 93953-3137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED UROLOGIST

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740565

Amount of Each Receipt this Period
240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CHARLES R. PARSONS

Mailing Address 104 RICHARD RD

City State Zip Code
SYRACUSE NY 13215-1530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PARSONS & ASSOCIATES, INC. INSURANCE AGENT

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8686471

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1490.00

TOTAL This Period (last page this line number only) ▶

10020170348

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

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

FOR LINE NUMBER: PAGE 342 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JERRY PASEK

Mailing Address 429 RAINTREE DR

City
EDDYVILLE

State Zip Code
KY 42038-8729

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2010

Transaction ID: SA11.8661124

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JERRY PASEK

Mailing Address 429 RAINTREE DR

City
EDDYVILLE

State Zip Code
KY 42038-8729

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8675399

Amount of Each Receipt this Period

110.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. LINDA PATEL

Mailing Address 37 ROSEBROOK DR

City
LINCOLN PARK

State Zip Code
NJ 07035-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
NONE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8678204

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

10020170349

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

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

FOR LINE NUMBER: PAGE 343 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

UEAL PATRICK

Mailing Address 10890 E POINSETTIA DR

City

SCOTTSDALE

State

AZ

Zip Code

85259-3052

FEC ID number of contributing federal political committee.

C

Name of Employer
PATRICK PETROLEUM

Occupation

SEMI-RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8660653

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PETER F. PATTERSON

Mailing Address 20 MASHIE CLUB

City

CODY

State

WY

Zip Code

82414-5118

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745657

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

BETTIE S. PATTON

Mailing Address 7 GREENWOOD ST
P.O. BOX 1579

City

SWEETWATER

State

TX

Zip Code

79556-1579

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724706

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1240.00

TOTAL This Period (last page this line number only)

10020170350

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

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

FOR LINE NUMBER: PAGE 344 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN N. PAUGH

Mailing Address 4020 W. 73RD STREET

City

ANDERSON

State

IN

Zip Code

46011

FEC ID number of contributing federal political committee.

C []

Name of Employer
CARTER EXPRESS, INC.

Occupation
C.E.O./PRESIDENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

[] 500.00 []

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8686276

Amount of Each Receipt this Period

[] 500.00 []

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DANIEL PAUL

Mailing Address 103 WAVERLY PL

City

NEW YORK

State

NY

Zip Code

10011-9110

FEC ID number of contributing federal political committee.

C []

Name of Employer
WASHINGTON SQUARE HOTEL

Occupation
HOTEL ADMINISTRATION

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

[] 250.00 []

Date of Receipt

MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8664636

Amount of Each Receipt this Period

[] 250.00 []

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT PAUL

Mailing Address 90 GOODRICH RD

City

KALISPELL

State

MT

Zip Code

59901-6528

FEC ID number of contributing federal political committee.

C []

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

[] 201.00 []

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8656687

Amount of Each Receipt this Period

[] 100.00 []

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

[] 850.00 []

TOTAL This Period (last page this line number only)

[] [] []

10020170351

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

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

FOR LINE NUMBER: PAGE 347 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAULA PAYNE

Mailing Address P.O. BOX 62681

City State Zip Code
COLORADO SPRINGS CO 80962

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 16 / 2010

Transaction ID: SA11.8689162

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JONE PEARAH

Mailing Address PO BOX 234

City State Zip Code
BOCA GRANDE FL 33921-0234

FEC ID number of contributing federal political committee.

C

Name of Employer
JONE PEARAH

Occupation
ARBONNE REPRESENTATIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8669892

Amount of Each Receipt this Period

220.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. RACHEL B. PELISSIER

Mailing Address P.O. BOX 122

City State Zip Code
BIG HORN WY 82833-0122

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8733195

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

10020170354

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

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

FOR LINE NUMBER: PAGE 348 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. RACHEL B. PELISSIER

Mailing Address P.O. BOX 122

City

BIG HORN

State

WY

Zip Code

82833-0122

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737851

Amount of Each Receipt this Period

101.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HENRY PELTIER

Mailing Address 128 ELDER ST

City

THIBODAUX

State

LA

Zip Code

70301-3510

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF

Occupation
PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8689694

Amount of Each Receipt this Period

220.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT F. PENCE

Mailing Address 1359 BEVERLY RD

City

MCLEAN

State

VA

Zip Code

22101-3666

FEC ID number of contributing federal political committee.

C

Name of Employer
PENCE-FRIEDEL DEVELOPERS,
INC.

Occupation
EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

29400.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683165

Amount of Each Receipt this Period

29400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

29721.00

TOTAL This Period (last page this line number only)

10020170355

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

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

FOR LINE NUMBER: PAGE 349 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. SUSAN S. PENCE

Mailing Address 7208 DULANY DR

City State Zip Code
MCLEAN VA 22101-2711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
30400.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683167

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. HAROLD E. PENNINGTON

Mailing Address 7 BLISS ROAD

City State Zip Code
WARREN CT 06777-1018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740795

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. WILFRID D. PEPE

Mailing Address 936 RIVERSIDE RIDGE RD.

City State Zip Code
TARPON SPGS FL 34688-8800

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8729561

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

30900.00

TOTAL This Period (last page this line number only)

10020170356

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

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

FOR LINE NUMBER: PAGE 350 / 689

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. RICHARD C. PERKINS

Mailing Address 8131 E HILLSDALE DR

City State Zip Code
ORANGE CA 92869-2441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8751483

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT SUYDAM PERKIN

Mailing Address 160 BROOKSIDE RD

City State Zip Code
DARIEN CT 06820-2804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED FREELANCE MUSIC PRODUCER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1810.00

Date of Receipt

01 / 11 / 2010

Transaction ID: SA11.8668089

Amount of Each Receipt this Period

1560.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT SUYDAM PERKIN

Mailing Address 160 BROOKSIDE RD

City State Zip Code
DARIEN CT 06820-2804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED FREELANCE MUSIC PRODUCER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1810.00

Date of Receipt

01 / 12 / 2010

Transaction ID: SA11.8672739

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2060.00

TOTAL This Period (last page this line number only)

10020170357

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

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

FOR LINE NUMBER: PAGE 351 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ANDRAS R. PETERY

Mailing Address 3 HIGHLAND FARM RD

City State Zip Code
GREENWICH CT 06831-2605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8752387

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
ALBERT PETRANGELI

Mailing Address 1245 BASNETT DR

City State Zip Code
ALPHARETTA GA 30004-0872

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8753991

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. PATRICIA B. PETROU

Mailing Address 82 MARMION WAY

City State Zip Code
ROCKPORT MA 01966-1926

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
301.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8718087

Amount of Each Receipt this Period

301.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

801.00

TOTAL This Period (last page this line number only)

10020170358

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

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

FOR LINE NUMBER: PAGE 352 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. CATHERINE MARIE PETTENGILL

Mailing Address 110 EILEEN DRIVE

City State Zip Code
CEDAR GROVE NJ 07009-1352

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 15 / 2010

Transaction ID: SA11.8682223

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR LEE PFLUGER

Mailing Address PO BOX 1991

City State Zip Code
SAN ANGELO TX 76902-1991

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF RANCHER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

01 / 11 / 2010

Transaction ID: SA11.8666740

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. EDWIN PHILLIPS

Mailing Address P.O. BOX 199

City State Zip Code
REDWOOD VALLEY CA 95470-0199

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
201.00

Date of Receipt

01 / 14 / 2010

Transaction ID: SA11.8680443

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

751.00

TOTAL This Period (last page this line number only)

10020170359

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

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

FOR LINE NUMBER: PAGE 353 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. EDWIN PHILLIPS

Mailing Address P.O. BOX 199

City State Zip Code
REDWOOD VALLEY CA 95470-0199

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
201.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8686551

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN S. PHILLIPS

Mailing Address 8603 BRICKYARD ROAD

City State Zip Code
POTOMAC MD 20854-1706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738434

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOSEPH E. PHILLIPS

Mailing Address 909 EDWARDS ST.

City State Zip Code
FORT COLLINS CO 80524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
201.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8663274

Amount of Each Receipt this Period
75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **525.00**

TOTAL This Period (last page this line number only)

10020170360

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

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

FOR LINE NUMBER: PAGE 357 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. KENNETH E. POLAND

Mailing Address 24452 MOONFIRE DRIVE

City

DANA POINT

State

CA

Zip Code

92629-1765

FEC ID number of contributing federal political committee.

C

Name of Employer
AT&T

Occupation

A.V.P.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8732024

Amount of Each Receipt this Period

201.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. RAMONA N. POLICKY

Mailing Address 2461 BROADMOOR CT

City

RAPID CITY

State

SD

Zip Code

57702-5312

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740837

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PEYTON POLLARD

Mailing Address 12 OAK LN

City

RICHMOND

State

VA

Zip Code

23226-1614

FEC ID number of contributing federal political committee.

C

Name of Employer
ISI INC.

Occupation

PRESIDENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724630

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

691.00

TOTAL This Period (last page this line number only)

10020170364

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

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

FOR LINE NUMBER: PAGE 358 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. WADE H. POOLE, III
Mailing Address **10110 LEDBURY WAY**

City State Zip Code
LOUISVILLE KY 40223-3327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SALES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **201.00**

Date of Receipt
01 / 22 / 2010

Transaction ID: SA11.8719068

Amount of Each Receipt this Period
201.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. BOBBIE P. PORTER
Mailing Address **1161 MCNUTT XING**

City State Zip Code
BOGART GA 30622-2498

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **201.00**

Date of Receipt
01 / 22 / 2010

Transaction ID: SA11.8718009

Amount of Each Receipt this Period
201.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES W. PORTER
Mailing Address **3809 INWOOD DR**

City State Zip Code
HOUSTON TX 77019-3003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
REFUSED WELL OPERATOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
01 / 18 / 2010

Transaction ID: SA11.8690806

Amount of Each Receipt this Period
260.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **662.00**

TOTAL This Period (last page this line number only)

10020170365

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

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

FOR LINE NUMBER: PAGE 359 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
RICHARD PORTER

Mailing Address **875 BRYANT AVENUE**

City State Zip Code
WINNETKA IL 60093-1903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KIRKLAND & ELLIS LLP LAWYER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

01 / 15 / 2010

Transaction ID: SA11.8683220

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JAMES H. POSEY

Mailing Address **P.O. BOX 249**

City State Zip Code
DOUBLE SPRINGS AL 35553-0249

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
POSEY SUPPLY COMPANY, INC. PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

01 / 13 / 2010

Transaction ID: SA11.8677137

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES L. POWELL

Mailing Address **301 W BEAUREGARD AVE
STE 207**

City State Zip Code
SAN ANGELO TX 76903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED RANCHER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

01 / 20 / 2010

Transaction ID: SA11.8700964

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

10020170366

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

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

FOR LINE NUMBER: PAGE 360 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JAMES L. POWELL

Mailing Address **301 WEST BEAUREGARD AVENUE
SUITE 207**

City State Zip Code
SAN ANGELO TX 76903-6326

FEC ID number of contributing federal political committee. **C**

Name of Employer
**INFORMATION REQUESTED PER
BEST EFFORTS**

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

01 / 27 / 2010

Transaction ID: SA11.8741973

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JOHN P POWELL

Mailing Address **P.O. BOX 8**

City State Zip Code
CONCONULLY WA 98819-0008

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 19 / 2010

Transaction ID: SA11.8694078

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ANN MARIE POWER

Mailing Address **BOX 1956**

City State Zip Code
CARMEL CA 93921

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
PSYCHOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 15 / 2010

Transaction ID: SA11.8682899

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

10020170367

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

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

FOR LINE NUMBER: PAGE 362 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. SPELMAN PRENTICE

Mailing Address 435 E. 52ND STREET # 12G

City State Zip Code
NEW YORK NY 10022-6445

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
301.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751737

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. MARK E. PRETORIUS

Mailing Address 5201 CORINTHIAN BAY DR

City State Zip Code
PLANO TX 75093-4028

FEC ID number of contributing federal political committee. **C**

Name of Employer
SELF-EMPLOYED

Occupation
M.D.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682462

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. TRACY K. PRICE

Mailing Address 25241 ROCKRIDGE ROAD

City State Zip Code
LAGUNA HILLS CA 92653

FEC ID number of contributing federal political committee. **C**

Name of Employer
THE LINC GROUP, LLC

Occupation
PRESIDENT AND CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8675649

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5350.00

TOTAL This Period (last page this line number only)

10020170369

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

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

FOR LINE NUMBER: PAGE 363 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROY R. PRIEST, JR.

Mailing Address 3242 GOLFING GREEN PLACE

City State Zip Code
FARMERS BRANCH TX 75234-3760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
450.00

Date of Receipt

01 / 11 / 2010

Transaction ID: SA11.8668880

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROY R. PRIEST, JR.

Mailing Address 3242 GOLFING GREEN PLACE

City State Zip Code
FARMERS BRANCH TX 75234-3760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
450.00

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8751722

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARILYN PROSPERO

Mailing Address 4209 LAKE MEADOW WAY

City State Zip Code
LOUISVILLE TN 37777-3031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
230.00

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8748872

Amount of Each Receipt this Period

230.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

10020170370

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

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

FOR LINE NUMBER: PAGE 366 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JACK RADGOWSKI

Mailing Address 4 SWAN PL

City

SAINT JAMES

State

NY

Zip Code

11780-1335

FEC ID number of contributing federal political committee.

C

Name of Employer
CENTRAL SEMICONNECTOR CORP.

Occupation

CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8673487

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. OLAF VON RAMM

Mailing Address 4718 HARMONY CHURCH ROAD

City

EFLAND

State

NC

Zip Code

27243-9383

FEC ID number of contributing federal political committee.

C

Name of Employer
DUKE UNIVERSITY

Occupation

PROFESSOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8732511

Amount of Each Receipt this Period

225.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MELANIE RAMSAY

Mailing Address 3173 INMAN PARK CT

City

MARIETTA

State

GA

Zip Code

30062-4866

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8655610

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1475.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 367 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. LEAH RAND

Mailing Address 18 RICHBELL RD.

City State Zip Code
WHITE PLAINS NY 10605-4111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
220.00

Date of Receipt

01 / 20 / 2010

Transaction ID: SA11.8692628

Amount of Each Receipt this Period

220.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CLYDE E. RANKIN, III

Mailing Address 10 W 66TH ST

City State Zip Code
NEW YORK NY 10023-6206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BAKER & MCKENZIE ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
240.00

Date of Receipt

01 / 25 / 2010

Transaction ID: SA11.8725715

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. RANKIN

Mailing Address 220 N. DITHRIDGE STREET
APARTMENT 1000

City State Zip Code
PITTSBURGH PA 15213-1425

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8745647

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

10020170374

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

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

FOR LINE NUMBER: PAGE 368 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
COL. STANLEY N. RATTO

Mailing Address 2109 YUPON CIRCLE

City State Zip Code
PEARLAND TX 77581-3513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
240.00

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8750302

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. THOMAS A. RAVENCROFT

Mailing Address 2603 W. STATE ROAD 14

City State Zip Code
ROCHESTER IN 46975-9059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8746639

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. FRANK P. RAVIOLA

Mailing Address 861 FREDERICK COMMONS

City State Zip Code
SAN JOSE CA 95126-4854

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MICRO LAB LAB DIRECTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
245.00

Date of Receipt

01 / 11 / 2010

Transaction ID: SA11.8666068

Amount of Each Receipt this Period

245.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1485.00

TOTAL This Period (last page this line number only)

10020170375

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

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

FOR LINE NUMBER: PAGE 370 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALLEN RAYMOND

Mailing Address 75 KINGS HWY N

City
WESTPORT

State Zip Code
CT 06880-3008

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

01 / 20 / 2010

Transaction ID: SA11.8699592

Amount of Each Receipt this Period

275.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. BEVERLY W. RAYNOR

Mailing Address 5801 N OCEAN BLVD APT 206

City
OCEAN RIDGE

State Zip Code
FL 33435-6140

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

01 / 21 / 2010

Transaction ID: SA11.8707715

Amount of Each Receipt this Period

101.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. BEVERLY W. RAYNOR

Mailing Address 5801 N OCEAN BLVD APT 206

City
OCEAN RIDGE

State Zip Code
FL 33435-6140

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8751726

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

476.00

TOTAL This Period (last page this line number only)

10020170377

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

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

FOR LINE NUMBER: PAGE 372 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. SCOTT W. REED

Mailing Address 1215 19TH STREET, NW
FLOOR 3

City State Zip Code
WASHINGTON DC 20036-2401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHESAPEAKE ENTERPRISES, INC. PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745178

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. THOMAS C. REED

Mailing Address 1410 ALEXANDER VALLEY ROAD

City State Zip Code
HEALDSBURG CA 95448-9003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672549

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DOCTOR ALTON A. REEDER

Mailing Address 807 FLORHAM DRIVE

City State Zip Code
HIGH POINT NC 27262-4646

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
REEDER GASTROENTEROLOGY PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
220.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8713945

Amount of Each Receipt this Period

220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1220.00

TOTAL This Period (last page this line number only)

10020170379

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

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

FOR LINE NUMBER: PAGE 373 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. PEARL REID

Mailing Address 4102 W. 99TH STREET

City State Zip Code
OAK LAWN IL 60453-3557

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
210.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724641

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. PEARL REID

Mailing Address 4102 W. 99TH STREET

City State Zip Code
OAK LAWN IL 60453-3557

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
210.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8752537

Amount of Each Receipt this Period

110.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
TERESA REISDORF

Mailing Address 15475 N GREENWAY HAYDEN LOOP,

City State Zip Code
SCOTTSDALE AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
251.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740461

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

211.00

TOTAL This Period (last page this line number only)

10020170380

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

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

FOR LINE NUMBER: PAGE 375 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DANNY REYNOLDS

Mailing Address 2636 S TAYLOR RD

City

DECATUR

State

IL

Zip Code

62521-9121

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
SELF EMPLOYED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8744308

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. LIZABETH REYNOLDS

Mailing Address 3590 WARSCHUN RD

City

AUBREY

State

TX

Zip Code

76227-4082

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDICAL IMAGING AT DALLAS

Occupation
M.D.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672563

Amount of Each Receipt this Period

305.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. SUSAN RHODA

Mailing Address 217 STOCKTON ST

City

PRINCETON

State

NJ

Zip Code

08540-4401

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682061

Amount of Each Receipt this Period

770.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1575.00

TOTAL This Period (last page this line number only)

10020170382

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

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

FOR LINE NUMBER: PAGE 376 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DONALD C. RHODES

Mailing Address 6734 CLOUD SWEPT LANE

City
HOUSTON

State Zip Code
TX 77086-2133

FEC ID number of contributing federal political committee.

C

Name of Employer
OFFICE OF GEORGE BUSH

Occupation
CLERK

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8694375

Amount of Each Receipt this Period

210.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HORACE L. RHORER

Mailing Address 4305 MARQUETTE DRIVE

City
MOBILE

State Zip Code
AL 36608-1807

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8659462

Amount of Each Receipt this Period

465.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HORACE L. RHORER

Mailing Address 4305 MARQUETTE DRIVE

City
MOBILE

State Zip Code
AL 36608-1807

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8710585

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

10020170383

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

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

FOR LINE NUMBER: PAGE 377 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JOHN F. RICHARDSON, JR.

Mailing Address **122 LUNALILO HOME RD**

City State Zip Code
HONOLULU HI 96825-2002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **250.00**

Date of Receipt

01 / 05 / 2010

Transaction ID: SA11.8657813

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. PATRICE RICHARDSON

Mailing Address **14715 BEAR CREEK PASS**

City State Zip Code
AUSTIN TX 78737-8935

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **500.00**

Date of Receipt

01 / 20 / 2010

Transaction ID: SA11.8700663

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. R. FRED RICHARDSON

Mailing Address **401 E. LINTON BLVD.
APARTMENT 263**

City State Zip Code
DELRAY BEACH FL 33483-5083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **300.00**

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8751798

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **1050.00**

TOTAL This Period (last page this line number only)

1050.00

10020170384

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

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

FOR LINE NUMBER: PAGE 378 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
RICHARD D. RICHARDSON

Mailing Address **9 FOXTAIL LANE**

City State Zip Code
CHADDS FORD PA 19317-9778

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
**SOLID STATE EQUIPMENT CORP
PORAT EXECUTIVE**

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
MM / DD / YYYY
01 / 06 / 2010

Transaction ID: **SA11.8661300**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
RONALD H. RICHEY

Mailing Address **4023 LAURAWOOD LANE**

City State Zip Code
FRANKLIN TN 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: **SA11.8692781**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JULIUS M. RIDGWAY, SR.

Mailing Address **P.O. BOX 16667**

City State Zip Code
JACKSON MS 39236-6667

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED GEOLOGIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: **SA11.8750830**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

10020170385

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

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

FOR LINE NUMBER: PAGE 380 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. J. FRED RISK

Mailing Address 2373 GULF SHORE BLVD N

City State Zip Code
NAPLES FL 34103-4371

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 13 / 2010

Transaction ID: SA11.8677541

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JAMES K. RISK

Mailing Address 1709 S 9TH ST

City State Zip Code
LAFAYETTE IN 47905-2128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KIRBY RISK CORP PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
251.00

Date of Receipt
01 / 25 / 2010

Transaction ID: SA11.8728186

Amount of Each Receipt this Period
251.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

EDWARD L RISPONE

Mailing Address 18260 S MISSION HILLS AVE

City State Zip Code
BATON ROUGE LA 70810-7974

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ISC, LLC CONTRACTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 29 / 2010

Transaction ID: SA11.8751649

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **751.00**

TOTAL This Period (last page this line number only)

13020170387

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

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

FOR LINE NUMBER: PAGE 381 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. SIDNEY A. RITMAN

Mailing Address **720 N COUNTY RD**

City State Zip Code
PALM BEACH FL 33480-3310

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JAYNE HALL LLC CONSULTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: **SA11.8721544**

Amount of Each Receipt this Period
240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. ELIZABETH A. ROBERTSON

Mailing Address **625 SAINT CHARLES AVENUE
APARTMENT 11D**

City State Zip Code
NEW ORLEANS LA 70130-3430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: **SA11.8733271**

Amount of Each Receipt this Period
220.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
CRAIG ROBINSON

Mailing Address **10455 N CENTRAL EXPY STE 109-416**

City State Zip Code
DALLAS TX 75231-2213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
MM / DD / YYYY
01 / 08 / 2010

Transaction ID: **SA11.8664610**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **960.00**

TOTAL This Period (last page this line number only)

10020170388

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

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

FOR LINE NUMBER: PAGE 382 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DAVID F. ROBINSON
Mailing Address 9970 RILEY ST

City State Zip Code
OVERLAND PARK KS 66212-2458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745350

Amount of Each Receipt this Period
240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN D. ROBINSON
Mailing Address 3440 RAEFORD RD

City State Zip Code
ORLANDO FL 32806-5752

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DEAN RINGERS MORGAN & LAW-
TON ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672531

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES C. ROE
Mailing Address 337 THE HILLS DRIVE

City State Zip Code
THE HILLS TX 78738-1340

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER
BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
201.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8742651

Amount of Each Receipt this Period
201.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **691.00**

TOTAL This Period (last page this line number only)

10020170369

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

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

FOR LINE NUMBER: PAGE 383 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ERNEST C. ROESSLER

Mailing Address 14932 CALLE WAY

City State Zip Code
NAPLES FL 34110-2755

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

01 / 12 / 2010

Transaction ID: SA11.8672559

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EDWARD B. ROGERS

Mailing Address 511 FIRST ST.

City State Zip Code
CORONADO CA 92118-1105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

01 / 07 / 2010

Transaction ID: SA11.8663380

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. EDWARD B. ROGERS

Mailing Address 511 FIRST ST.

City State Zip Code
CORONADO CA 92118-1105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

01 / 20 / 2010

Transaction ID: SA11.8700660

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

TOTAL This Period (last page this line number only) ▶

10020170360

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

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

FOR LINE NUMBER: PAGE 385 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. DOLORES C. ROME

Mailing Address 214 GOODWIN MTN LN

City State Zip Code
ORLEANS VT 05860

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8699228

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. DOLORES C. ROME

Mailing Address 214 GOODWIN MTN LN

City State Zip Code
ORLEANS VT 05860

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8752889

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. WILLIAM J. RONAN

Mailing Address 525 S FLAGLER DR

City State Zip Code
WEST PALM BEACH FL 33401-5922

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8739522

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

10020170392

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

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

FOR LINE NUMBER: PAGE 386 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. RUTH E. ROSCHKE

Mailing Address 2811 MEMPHIS AVE

City

NEDERLAND

State

TX

Zip Code

77627-6731

FEC ID number of contributing federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682050

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. STEWART ROSE

Mailing Address 351 BASS LN

City

SENECAVILLE

State

OH

Zip Code

43780-9790

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8700838

Amount of Each Receipt this Period

501.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARY JO ROSSON

Mailing Address P.O. BOX 483

City

CALHOUN

State

GA

Zip Code

30703

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8685918

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1741.00

TOTAL This Period (last page this line number only)

10020170363

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

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

FOR LINE NUMBER: PAGE 387 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. SHIRLEY ROTH

Mailing Address 100 S EOLA DR PH 119

City
ORLANDO

State Zip Code
FL 32801-6603

FEC ID number of contributing federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745346

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. SCOTT E. ROWE

Mailing Address 5150 HIGHWAY 22 STE. C11

City
MANDEVILLE

State Zip Code
LA 70471-2670

FEC ID number of contributing federal political committee.

C

Name of Employer
ROWE CONTRACTING SERVICE, INC.

Occupation
OWNER OF SMALL BUSINESS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8742138

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CARL ROWOLD

Mailing Address 184 N. GLADE AVE

City
ELMHURST

State Zip Code
IL 60126

FEC ID number of contributing federal political committee.

C

Name of Employer
DANAHER CORPORATION

Occupation
PATENT ATTORNEY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 24 / 2010

Transaction ID: SA11.8723468

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2490.00

TOTAL This Period (last page this line number only)

10020170394

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

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

FOR LINE NUMBER: PAGE 389 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. LOUISE RUCKER

Mailing Address **3712 HEATH ST**

City State Zip Code
GREENSBORO NC 27401-4645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **755.00**

Date of Receipt
MM / DD / YYYY
01 / 11 / 2010

Transaction ID: **SA11.8666335**

Amount of Each Receipt this Period
75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
TRACY T. RUDOLPH

Mailing Address **1717 RUDOLPH RD**

City State Zip Code
FAYETTEVILLE TX 78940-5406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: **SA11.8698071**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ROBERT RUEGGER

Mailing Address **6401 N SMOKETREE PASS**

City State Zip Code
APPLETON WI 54913-7836

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: **SA11.8720454**

Amount of Each Receipt this Period
375.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **700.00**

TOTAL This Period (last page this line number only)

10020170396

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

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

FOR LINE NUMBER: PAGE 391 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. PATRICIA A. RUMELY

Mailing Address 12 LONG WAY

City State Zip Code
HOPEWELL NJ 08525-9740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8677136

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. PATRICIA A. RUMELY

Mailing Address 12 LONG WAY

City State Zip Code
HOPEWELL NJ 08525-9740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8678225

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. OLIVER F. RUNDE

Mailing Address 305 VILLAGE HEIGHTS DRIVE
APARTMENT 122

City State Zip Code
STATE COLLEGE PA 16801-7690

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754523

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

10020170398

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

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

FOR LINE NUMBER: PAGE 392 / 689

(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. VALE A. RUSSELL

Mailing Address 1922 OLYMPIA DR

City

HOUSTON

State

TX

Zip Code

77019-3026

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
01 / 16 / 2010

Transaction ID: SA11.8689107

Amount of Each Receipt this Period

400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. VALE A. RUSSELL

Mailing Address 1922 OLYMPIA DR

City

HOUSTON

State

TX

Zip Code

77019-3026

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8753555

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. PATRICIA RUSSO

Mailing Address 19-2 HERITAGE CT

City

FAR HILLS

State

NJ

Zip Code

07931-2320

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8690718

Amount of Each Receipt this Period

520.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

970.00

TOTAL This Period (last page this line number only)

10020170399

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

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

FOR LINE NUMBER: PAGE 393 / 689
(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. EDWARD B. RUST, JR.

Mailing Address **16 DOWNING CIRCLE**

City **BLOOMINGTON** State **IL** Zip Code **61704-7619**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STATE FARMS INSURANCE COMPANIES** Occupation **CHAIRMAN & CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **01 / 07 / 2010**

Transaction ID: **SA11.8662676**

Amount of Each Receipt this Period **1000.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. PATRICK R. RUTHERFORD

Mailing Address **5 E. GREENWAY PLAZA SUITE 220**

City **HOUSTON** State **TX** Zip Code **77046-0597**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RUTHERFORD OIL CORPORATION** Occupation **OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **01 / 12 / 2010**

Transaction ID: **SA11.8672541**

Amount of Each Receipt this Period **500.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. EDMUND W. SANDERSON

Mailing Address **4875 PELICAN COLONY BLVD APARTMENT 1904**

City **BONITA SPRINGS** State **FL** Zip Code **34134**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 26 / 2010**

Transaction ID: **SA11.8735020**

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

TOTAL This Period (last page this line number only) ▶

10020170400

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

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

FOR LINE NUMBER: PAGE 394 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GLENN S. SANDERSON

Mailing Address 1629 N.E. 1 AVENUE

City

FORT LAUBERDALE

State

FL

Zip Code

33305-2923

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737644

Amount of Each Receipt this Period

600.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MARK SANDERS

Mailing Address 14922 CERRITOS PL

City

FONTANA

State

CA

Zip Code

92336-5541

FEC ID number of contributing federal political committee.

C

Name of Employer
SANDERS CANDY FACTORY

Occupation
VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8689869

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

PAULA SANDELL

Mailing Address 16619 SUNLIGHT WAY

City

HOUSTON

State

TX

Zip Code

77058-2243

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 16 / 2010

Transaction ID: SA11.8689207

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

10020170401

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

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

FOR LINE NUMBER: PAGE 395 / 689

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAULA SANDELL

Mailing Address 16619 SUNLIGHT WAY

City
HOUSTON

State Zip Code
TX 77058-2243

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 16 / 2010

Transaction ID: SA11.8689209

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. TIMOTHY SANDERS

Mailing Address 4711 SULPHUR SPRINGS RD

City
MURFREESBORO

State Zip Code
TN 37129-7201

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
NUTRITIONAL SUPPLEMENT MANUFACTURER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682190

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. EDWIN C. SANDHAM

Mailing Address 1964 SW SAINT ANDREWS DR

City
PALM CITY

State Zip Code
FL 34990-2210

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672546

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

590.00

TOTAL This Period (last page this line number only)

10020170402

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

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

FOR LINE NUMBER: PAGE 396 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. EDWIN C. SANDHAM

Mailing Address 1964 SW SAINT ANDREWS DR

City State Zip Code
PALM CITY FL 34990-2210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

01 / 12 / 2010

Transaction ID: SA11.8673718

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EDWIN C. SANDHAM

Mailing Address 1964 SW SAINT ANDREWS DR

City State Zip Code
PALM CITY FL 34990-2210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8745700

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LAURENCE R. SASLAW

Mailing Address 541 NORSOTA WAY

City State Zip Code
SARASOTA FL 34242-1029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PRIVATE INVESTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8751743

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

10020170403

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

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

FOR LINE NUMBER: PAGE 397 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JOHN SATERBO

Mailing Address **9469 WATERFORD OAKS DR**

City State Zip Code
WINTER HAVEN FL 33884-2239

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8712719

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
LANE D SATNICK

Mailing Address **20636 CHATSBORO DR**

City State Zip Code
WOODLAND HILLS CA 91364-5654

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8659763

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. HY SAUNDERS

Mailing Address **2505 WHITE PINE LN**

City State Zip Code
PARK CITY UT 84060-6500

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8709732

Amount of Each Receipt this Period
249.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

999.00

TOTAL This Period (last page this line number only)

10020170404

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

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

FOR LINE NUMBER: PAGE 399 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. LEWIS W. SAXBY, JR.

Mailing Address 5565 N. CITATION ROAD

City State Zip Code
OTTAWA HILLS OH 43615-2157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8696573

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
GAYLE W. SCANLON

Mailing Address 232 LOCH LOMOND ROAD

City State Zip Code
RANCHO MIRAGE CA 92270

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8732782

Amount of Each Receipt this Period
400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN SCHAEFER

Mailing Address 6286 GENTLE LN

City State Zip Code
ALEXANDRIA VA 22310-2264

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ECS CORPORATE SERVICES LLC IT PROFESSIONAL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8689790

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

10020170406

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

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

FOR LINE NUMBER: PAGE 400 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DWIGHT C. SCHAR

Mailing Address **750 CHAIN BRIDGE RD**

City State Zip Code
MCLEAN VA 22101-1812

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NVR HOMES CHAIRMAN/CEO/PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **30400.00**

Date of Receipt
01 / 27 / 2010

Transaction ID: **SA11.8738518**

Amount of Each Receipt this Period
30400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. MARTHA SCHAR

Mailing Address **750 CHAIN BRIDGE RD**

City State Zip Code
MCLEAN VA 22101-1812

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **30400.00**

Date of Receipt
01 / 27 / 2010

Transaction ID: **SA11.8738504**

Amount of Each Receipt this Period
30400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DONALD SCHAUER

Mailing Address **2628 MONROE AVENUE**

City State Zip Code
SAN DIEGO CA 92116-3014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
01 / 05 / 2010

Transaction ID: **SA11.8657803**

Amount of Each Receipt this Period
55.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **60855.00**

TOTAL This Period (last page this line number only)

10020170407

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

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

FOR LINE NUMBER: PAGE 401 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DONALD SCHAUER

Mailing Address 2628 MONROE AVENUE

City State Zip Code
SAN DIEGO CA 92116-3014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8659061

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DONALD SCHAUER

Mailing Address 2628 MONROE AVENUE

City State Zip Code
SAN DIEGO CA 92116-3014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8695744

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT SCHAUB

Mailing Address 118 JEREMY HILL ROAD

City State Zip Code
PELHAM NH 03076-2111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ARCHEMIX CORPORATION PHARMACEUTICAL EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666996

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

415.00

TOTAL This Period (last page this line number only)

10020170408

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

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

FOR LINE NUMBER: PAGE 402 / 689
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JOE D. SCHILLINGER

Mailing Address 6941 N LA ULTIMA

City TUCSON State AZ Zip Code 85750-1040

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt 01 / 20 / 2010

Transaction ID: SA11.8698072

Amount of Each Receipt this Period 100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOE D. SCHILLINGER

Mailing Address 6941 N LA ULTIMA

City TUCSON State AZ Zip Code 85750-1040

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt 01 / 26 / 2010

Transaction ID: SA11.8737880

Amount of Each Receipt this Period 151.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ARLENE J. SCHIRA

Mailing Address 9 FOX TRL

City LINCOLNSHIRE State IL Zip Code 60069-4010

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 27 / 2010

Transaction ID: SA11.8738585

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 501.00

TOTAL This Period (last page this line number only)

10020170409

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

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

FOR LINE NUMBER: PAGE 403 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR DAVID SCHLOSSBERG

Mailing Address 320 ORCHARD WAY

City

MERION STATION

State

PA

Zip Code

19066-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAVID SCHLOSSBERG

Occupation

DOCTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 04 / 2010

Transaction ID: SA11.8650843

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

FRANK SCHMIDT

Mailing Address 720 LINDSAY LN STE C

City

CODY

State

WY

Zip Code

82414-4103

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

DOCTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8658154

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PHILIP C. SCHNEIDER

Mailing Address 1217 SOMBRERO BLVD APT 21

City

MARATHON

State

FL

Zip Code

33050-2481

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740830

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 404 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DUANE SCHONEWEIS

Mailing Address P.O. BOX 155

City State Zip Code
MEDFORD OK 73759-0155

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8675799

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. JOAN SCHONHOLTZ

Mailing Address 32 BEMAN WOODS COURT

City State Zip Code
POTOMAC MD 20854-5481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
201.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8702047

Amount of Each Receipt this Period

201.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. MARTHA K. SCHRADER

Mailing Address 2838 ENCORE LANE

City State Zip Code
WEST LAFAYETTE IN 47906-1416

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8719941

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

701.00

TOTAL This Period (last page this line number only)

16020170411

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

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

FOR LINE NUMBER: PAGE 405 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS JOAN SCHULTZ

Mailing Address 3 WHITEBRIDGE CT

City State Zip Code
PIKESVILLE MD 21208-1736

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8674963

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. MARY S. SCHUTZ

Mailing Address 130 BLACKSMITHS DRIVE

City State Zip Code
GEORGETOWN TX 78633-4581

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
260.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8733374

Amount of Each Receipt this Period

260.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CALVIN W. SCOTT

Mailing Address 4504 KINGSWICK DRIVE

City State Zip Code
ARLINGTON TX 76016-2347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8665342

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1010.00

TOTAL This Period (last page this line number only)

10020170412

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

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

FOR LINE NUMBER: PAGE 406 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
JAMES A. SCOTT

Mailing Address **31 CARIBBEAN WAY**

City State Zip Code
PONCE INLET FL 32127-7319

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **501.00**

Date of Receipt

01 / 19 / 2010

Transaction ID: SA11.8692982

Amount of Each Receipt this Period

501.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WILLIAM P. SCULLY

Mailing Address **771 MANATEE CV**

City State Zip Code
VERO BEACH FL 32963-3730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **500.00**

Date of Receipt

01 / 20 / 2010

Transaction ID: SA11.8701812

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. R. SEALEY

Mailing Address **1206 MILVIA STREET**

City State Zip Code
BERKELEY CA 94709-1933

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **235.00**

Date of Receipt

01 / 08 / 2010

Transaction ID: SA11.8665798

Amount of Each Receipt this Period

235.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1236.00

TOTAL This Period (last page this line number only)

10020170415

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

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

FOR LINE NUMBER: PAGE 407 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS P. SEATON

Mailing Address 7300 METRO BLVD.

City State Zip Code
MINNEAPOLIS MN 55439

FEC ID number of contributing federal political committee.

C

Name of Employer
SEATON BECH & PETERS P.A.

Occupation
ATTORNEY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8692369

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EDWARD SEIFERT

Mailing Address 113 WESTCHESTER DR

City State Zip Code
PITTSBURGH PA 15215-1638

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8753571

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

RAYMOND H SEIWELL

Mailing Address 302 N DOGWOOD TRL

City State Zip Code
KITTY HAWK NC 27949-3139

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8665760

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

10020170414

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

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

FOR LINE NUMBER: PAGE 410 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. BEVERLY SHAFER

Mailing Address **285 HIRSCHMANN RD**

City State Zip Code
BIGLERVILLE PA 17307-9009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
401.00

Date of Receipt
01 / 20 / 2010

Transaction ID: **SA11.8701536**

Amount of Each Receipt this Period
1.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT SHAFFER

Mailing Address **PO BOX 205**

City State Zip Code
CATLETT VA 20119-0205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 12 / 2010

Transaction ID: **SA11.8670194**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MIKE SHANAHAN

Mailing Address **74265 DESERT ROSE LN**

City State Zip Code
INDIAN WELLS CA 92210-7376

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 27 / 2010

Transaction ID: **SA11.8744521**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **1001.00**

TOTAL This Period (last page this line number only)

10020170417

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

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

FOR LINE NUMBER: PAGE 411 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT M. SHANAHAN

Mailing Address **74265 DESERT ROSE LN**

City

INDIAN WELLS

State

CA

Zip Code

92210-7376

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER **BEST EFFORTS**

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 06 / 2010

Transaction ID: SA11.8661585

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MARLENE SHAPIRO

Mailing Address **11 GROSSWEILER LN**

City

PARLIN

State

NJ

Zip Code

08859-2194

FEC ID number of contributing federal political committee.

C

Name of Employer
CAPITAL MERCURY APPAREL

Occupation

APPAREL PRODUCTION MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8745315

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ALAN J. SHAW

Mailing Address **5 HAMBLETONIAN DRIVE**

City

COLTS NECK

State

NJ

Zip Code

07722-2121

FEC ID number of contributing federal political committee.

C

Name of Employer
BASF CATALYSTS LLC

Occupation

VP OF FINANCE & OPERATIONS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2010

Transaction ID: SA11.8689242

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 412 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES J. SHEA, JR.

Mailing Address 70168 SONORA RD

City

RANCHO MIRAGE

State

CA

Zip Code

92270-3431

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672537

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN GARY SHECKELLS

Mailing Address 65 FRIENDSHIP ROAD

City

FRIENDSHIP

State

MD

Zip Code

20758-9748

FEC ID number of contributing federal political committee.

C

Name of Employer
ANNE ARUNDEL COUNTY FIRE DEPT.

Occupation
FIRE DEPARTMENT DIVISION CHIEF

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
01 / 23 / 2010

Transaction ID: SA11.8723332

Amount of Each Receipt this Period

220.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. SUZANNE SHELLMAN

Mailing Address 724 S BROADWAY
APARTMENT A.

City

REDONDO BEACH

State

CA

Zip Code

90277-4691

FEC ID number of contributing federal political committee.

C

Name of Employer
CAPITAL GROUP CO'S

Occupation
VICE PRESIDENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724862

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

10020170419

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

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

FOR LINE NUMBER: PAGE 413 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. BHASKAR U. SHENAI

Mailing Address 3559 BROOKSIDE DR

City State Zip Code
BLOOMFIELD HILLS MI 48302-1501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JACKSON RADIOLOGY CONSULTANTS PC PHYSICIAN

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) 250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8731250

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. CLEONE SHERMAN

Mailing Address 3423 CASA MARINA ROAD NW

City State Zip Code
ALEXANDRIA MN 56308-9058

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) 300.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724329

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. IRVING J. SHERMAN

Mailing Address 2308 IBIS ISLE RD W

City State Zip Code
PALM BEACH FL 33480-5308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) 10000.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8670429

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 10550.00

TOTAL This Period (last page this line number only)

10020170420

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

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

FOR LINE NUMBER: PAGE 414 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. PETER SHERWIN

Mailing Address 220 HEWLETT CT

City

SAINT LOUIS

State

MO

Zip Code

63141-8153

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PILOT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8656913

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PETER SHERWIN

Mailing Address 220 HEWLETT CT

City

SAINT LOUIS

State

MO

Zip Code

63141-8153

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PILOT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748806

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

BILLY SHINN

Mailing Address 6 DEER PATH DR

City

SALEM

State

IL

Zip Code

62881-1040

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8731413

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

590.00

TOTAL This Period (last page this line number only)

10020170421

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

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

FOR LINE NUMBER: PAGE 415 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. CARL E. SHIPLEY

Mailing Address 8625 COLLINSWOOD DR

City State Zip Code
OLIVE BRANCH MS 38654-1234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED ACCOUNTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8712950

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. RICHARD SHIVELY

Mailing Address 7902 SINFONIA DR

City State Zip Code
HOUSTON TX 77040-7007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8657410

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MILTON M. SHOCKLEY, JR

Mailing Address PO BOX 26537

City State Zip Code
GREENVILLE SC 29616-1537

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
REMAX REALTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683170

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

10020170422

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

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

FOR LINE NUMBER: PAGE 416 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BYRON C. SHUTZ

Mailing Address 1001 W 58TH TER

City

KANSAS CITY

State

MO

Zip Code

64113-1159

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8703199

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROANE T SIAS

Mailing Address 160 STURDIVANT AVE

City

SAN ANSELMO

State

CA

Zip Code

94960-2528

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8677184

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN F. SIEBERTH

Mailing Address 4439 LAKE LAWRENCE DRIVE

City

BATON ROUGE

State

LA

Zip Code

70816-4425

FEC ID number of contributing federal political committee.

C

Name of Employer
LAW FIRM

Occupation
ATTORNEY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8723508

Amount of Each Receipt this Period

270.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

10020170423

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

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

FOR LINE NUMBER: PAGE 417 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. JEANNE SIEGEL

Mailing Address **781 5TH AVE**

City State Zip Code
NEW YORK NY 10022-1092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
REFUSED HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1020.00

Date of Receipt

01 / 18 / 2010

Transaction ID: SA11.8690862

Amount of Each Receipt this Period

1020.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
HON MARTIN SILVERSTEIN

Mailing Address **224 NORTH BOWMAN AVENUE**

City State Zip Code
MERION PA 19066-1222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
5000.00

Date of Receipt

01 / 11 / 2010

Transaction ID: SA11.8666733

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JOHN W. SIMMONS

Mailing Address **34 BRAYS ISLAND DR**

City State Zip Code
HENDERSON NV 89052-6445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SIMMONS CONSULTANT GROUP SELF

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 12 / 2010

Transaction ID: SA11.8670191

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6270.00

TOTAL This Period (last page this line number only)

16020170424

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

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

FOR LINE NUMBER: PAGE 418 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. HAROLD A. SIMPSON

Mailing Address 6378 CAMINO DE LA COSTA

City

LA JOLLA

State

CA

Zip Code

92037-6525

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8662953

Amount of Each Receipt this Period

225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. TAMMY SIMPSON

Mailing Address 2520 BROOKWOOD DR NE

City

ATLANTA

State

GA

Zip Code

30305-3753

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8725287

Amount of Each Receipt this Period

251.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOSEPH E. SINDONI

Mailing Address 306 WESTBRIAR DRIVE

City

MEDIA

State

PA

Zip Code

19063-5130

FEC ID number of contributing federal political committee.

C

Name of Employer
BON-SON REALTY COMPANY

Occupation
REAL ESTATE/ INSURANCE BROKER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737288

Amount of Each Receipt this Period

251.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

727.00

TOTAL This Period (last page this line number only)

10020170425

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

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

FOR LINE NUMBER: PAGE 419 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
EDWARD E. SINGLETON

Mailing Address **811 CARPENTER DR**

City State Zip Code
HOLLISTER CA 95023-9385

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

01 / 27 / 2010

Transaction ID: SA11.8740799

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. OLDRICH SIPAL

Mailing Address **12919 E CORRINE DR**

City State Zip Code
SCOTTSDALE AZ 85259-3554

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
240.00

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8748778

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. RICHARD C. SLACK

Mailing Address **P.O. BOX 820**

City State Zip Code
PECOS TX 79772-0820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

01 / 15 / 2010

Transaction ID: SA11.8686753

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1240.00

TOTAL This Period (last page this line number only)

10020170426

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

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

FOR LINE NUMBER: PAGE 420 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DAVID J. SLUMP

Mailing Address **1 DEER PATH RD**

City State Zip Code
WESTON CT 06883-2201

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8749660

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. EARL W. SMITH

Mailing Address **1588 BOLERO CIR**

City State Zip Code
PALM SPRINGS CA 92264-9501

FEC ID number of contributing federal political committee. **C**

Name of Employer
SELF

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 21 / 2010

Transaction ID: SA11.8712961

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JACK A SMITH

Mailing Address **11060 BIRCH RD**

City State Zip Code
ANCHORAGE AK 99516-1711

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 05 / 2010

Transaction ID: SA11.8656225

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

740.00

TOTAL This Period (last page this line number only)

10020170427

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

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

FOR LINE NUMBER: PAGE 421 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES B. SMITH

Mailing Address **125 PARKVIEW AVE**

City State Zip Code
FAYETTEVILLE NC 28305-4907

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 05 / 2010

Transaction ID: SA11.8656332

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JONI C SMITH

Mailing Address **180 CANTERBERRY LN**

City State Zip Code
GADSDEN AL 35901-8822

FEC ID number of contributing federal political committee.

C

Name of Employer
DIXIE TOOL AND DIE CO.,
INC.

Occupation
CONTROLLER/ACCOUNTANT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 07 / 2010

Transaction ID: SA11.8663003

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MARK SMITH

Mailing Address **5471 N 4020 RD**

City State Zip Code
WANN OK 74083-2124

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF

Occupation
TECHNICAL TRAINER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

01 / 05 / 2010

Transaction ID: SA11.8658082

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

10020170428

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

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

FOR LINE NUMBER: PAGE 422 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. MELVIN SMITH

Mailing Address 501 S PERALTA HILLS DR

City State Zip Code
ANAHEIM CA 92807-3515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEL SMITH ELECTRICAL CONTRACTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8660783

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MILTON SMITH

Mailing Address 2353 COWLEY WAY

City State Zip Code
SAN DIEGO CA 92110-1131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
270.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8676350

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MILTON SMITH

Mailing Address 2353 COWLEY WAY

City State Zip Code
SAN DIEGO CA 92110-1131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
270.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8689893

Amount of Each Receipt this Period

170.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

10020170429

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

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

FOR LINE NUMBER: PAGE 423 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. OWEN SMITH

Mailing Address **GLENWOOD RD**

City State Zip Code
ROSLYN NY 11576

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

01 / 08 / 2010

Transaction ID: SA11.8663631

Amount of Each Receipt this Period

400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. PAUL SMITH

Mailing Address **1656 CASALE ROAD**

City State Zip Code
PACIFIC PALISADES CA 90272-2716

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

01 / 11 / 2010

Transaction ID: SA11.8668002

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
COLONEL RAY H. SMITH

Mailing Address **228 LAKESIDE CIR**

City State Zip Code
GREENVILLE SC 29615-5323

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 11 / 2010

Transaction ID: SA11.8665994

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

10020170430

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

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

FOR LINE NUMBER: PAGE 424 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. JULIANA W. SNOWDON

Mailing Address 35960 NE WILSONVILLE RD

City State Zip Code
NEWBERG OR 97132-7104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683174

Amount of Each Receipt this Period
30000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. RICHARD W. SNOWDON

Mailing Address 1237 STATE RD

City State Zip Code
ANDALUSIA PA 19020-7114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED REAL ESTATE INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683173

Amount of Each Receipt this Period
20000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
LESTER SNYDER

Mailing Address 50721 CHESAPEAKE DRIVE

City State Zip Code
NOVI MI 48374

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BARTON MALOW COMPANY PRESIDENT AND COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2010

Transaction ID: SA11.8723455

Amount of Each Receipt this Period
240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

50240.00

10020170431

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

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

FOR LINE NUMBER: PAGE 425 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD V. SPENCER

Mailing Address P.O. BOX 1842

City

WILSON

State

WY

Zip Code

83014-1842

FEC ID number of contributing federal political committee.

C

Name of Employer
INTERCONTINENTAL EXCHANGE, INC

Occupation

CFO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
01 / 23 / 2010

Transaction ID: SA11.8723385

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

GERALDINE SPILLERS

Mailing Address 6304 LAKE SAINT CLAIR DR. SE

City

OLYMPIA

State

WA

Zip Code

98513

FEC ID number of contributing federal political committee.

C

Name of Employer
FEDERAL GOV. DEPT. OF VET. AFFAIRS

Occupation

NURSE PRACTITIONER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8747215

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RAYMOND SPINOLA

Mailing Address 32 CANAAN CLOSE

City

NEW CANAAN

State

CT

Zip Code

06840-4920

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8752175

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 427 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN B. STALL

Mailing Address 1212 PUNAHOU ST APT 3008

City

HONOLULU

State

HI

Zip Code

96826-1041

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738572

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

LARRY C STALLINGS

Mailing Address 7716 TARRYTOWN AVE

City

AMARILLO

State

TX

Zip Code

79121-1762

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8664617

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. B. B. STARKER

Mailing Address P.O. BOX 809
7240 SW PHILOMATH BLVD.

City

CORVALLIS

State

OR

Zip Code

97339-0809

FEC ID number of contributing federal political committee.

C

Name of Employer
STARKER FORESTS, INC.

Occupation

FORESTER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8676341

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

10020170434

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

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

FOR LINE NUMBER: PAGE 428 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. DORIS STARLING

Mailing Address 3148 GRACEFIELD ROAD
APARTMENT T15

City State Zip Code
SILVER SPRING MD 20904-5868

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
320.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666213

Amount of Each Receipt this Period

320.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JEFFREY STEINKAMP

Mailing Address P.O. BOX 98

City State Zip Code
ROCHESTER VT 05767-0098

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8676695

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. LAURA M. STEINER

Mailing Address 2115 C ST APT 2

City State Zip Code
BELLINGHAM WA 98225-3672

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8676165

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1120.00

TOTAL This Period (last page this line number only)

10020170435

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

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

FOR LINE NUMBER: PAGE 429 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JACKSON T. STEPHENS, JR.

Mailing Address 111 CENTER ST

City

LITTLE ROCK

State

AR

Zip Code

72201-4401

FEC ID number of contributing federal political committee.

C

Name of Employer
EXOXEMIS INC. (EOE)

Occupation
CHAIRMAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738482

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PHIL W. STEPHENSON

Mailing Address 1609 N RICHMOND RD

City

WHARTON

State

TX

Zip Code

77488-2711

FEC ID number of contributing federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738284

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. STEVE STEPHENS

Mailing Address 3471 KNICKERBOCKER ROAD

City

SAN ANGELO

State

TX

Zip Code

76904-8823

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666748

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

40650.00

TOTAL This Period (last page this line number only)

10020170436

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

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

FOR LINE NUMBER: PAGE 430 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JOHN J. STEUBY

Mailing Address 6002 N. LINDBERGH BLVD.

City State Zip Code
HAZELWOOD MO 63042-2804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8689795

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DAVID C. STEVENS

Mailing Address 668 SPYGLASS SUMMIT DRIVE

City State Zip Code
CHESTERFIELD MO 63017-2144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748616

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
KAREN M. STEVENSON

Mailing Address 26187 TUNIS MILLS RD

City State Zip Code
EASTON MD 21601-5521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8746546

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

10020170437

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

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

FOR LINE NUMBER: PAGE 431 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. THOMAS STEVENS

Mailing Address **18218 80TH AVE N**

City State Zip Code
MAPLE GROVE MN 55311-4505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MAYNARD'S RESTAURANT RESTAURANT OWNER

Receipt For: Primary General
 Other (specify) **Aggregate Year-to-Date 250.00**

Date of Receipt
01 / 14 / 2010

Transaction ID: **SA11.8681323**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DONALD STEWART

Mailing Address **16575 VILLAGE DR**

City State Zip Code
HOUSTON TX 77040-1124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General
 Other (specify) **Aggregate Year-to-Date 500.00**

Date of Receipt
01 / 12 / 2010

Transaction ID: **SA11.8674047**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MARILYN STIGLITZ

Mailing Address **232 BALTUSROL WAY**

City State Zip Code
SPRINGFIELD NJ 07081-2106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) **Aggregate Year-to-Date 300.00**

Date of Receipt
01 / 15 / 2010

Transaction ID: **SA11.8681579**

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **1050.00**

TOTAL This Period (last page this line number only)

1050.00

10020170438

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

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

FOR LINE NUMBER: PAGE 432 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MISS MARGARET WEED STJOHN

Mailing Address 11 OCEANO PL

City

NOVATO

State

CA

Zip Code

94949-6104

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8736050

Amount of Each Receipt this Period

107.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MISS MARGARET WEED STJOHN

Mailing Address 11 OCEANO PL

City

NOVATO

State

CA

Zip Code

94949-6104

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751676

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MISS MARGARET WEED STJOHN

Mailing Address 11 OCEANO PL

City

NOVATO

State

CA

Zip Code

94949-6104

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8753162

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

207.00

TOTAL This Period (last page this line number only)

10020170439

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

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

FOR LINE NUMBER: PAGE 433 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. MATTHEW STOLL

Mailing Address **6945 HILLWOOD CIRCLE**

City State Zip Code
DALLAS TX 75248

FEC ID number of contributing federal political committee. **C**

Name of Employer
UT SOUTHWESTERN MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 24 / 2010

Transaction ID: SA11.8723446

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. SHEILA M. STONE

Mailing Address **PO BOX 233**

City State Zip Code
WILLIAMSTOWN MA 01267-0233

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

01 / 11 / 2010

Transaction ID: SA11.8666732

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOE STOREY

Mailing Address **6250 E KEIM DR**

City State Zip Code
PARADISE VALLEY AZ 85253-4273

FEC ID number of contributing federal political committee. **C**

Name of Employer
SELF-EMPLOYED

Occupation
SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

01 / 15 / 2010

Transaction ID: SA11.8682206

Amount of Each Receipt this Period

270.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1520.00

TOTAL This Period (last page this line number only)

10020170440

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

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

FOR LINE NUMBER: PAGE 434 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ROBSON STOREY

Mailing Address **111 HOLLY DR.**

City State Zip Code
HATTIESBURG MS 39402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE UNIVERSITY OF SOUTHERN MISSISSIPPI PROFESSOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2010

Transaction ID: **SA11.8666756**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. HANS G. STORR

Mailing Address **33 BROOKRIDGE DRIVE**

City State Zip Code
GREENWICH CT 06830-4829

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
201.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: **SA11.8723952**

Amount of Each Receipt this Period
201.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ALBERT H. STORY

Mailing Address **6609 SOMERBY LANE**

City State Zip Code
MOBILE AL 36695-3489

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: **SA11.8682773**

Amount of Each Receipt this Period
400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1101.00

TOTAL This Period (last page this line number only)

10020170441

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

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

FOR LINE NUMBER: PAGE 436 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. LEONARD G. STRICKLAND

Mailing Address **4801 HIGH GATE DR**

City **AUSTIN** State **TX** Zip Code **78730-3434**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PHOENIX MGMT INC** Occupation **CONTRACTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **401.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	0

Transaction ID: SA11.8662771

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. LEONARD G. STRICKLAND

Mailing Address **4801 HIGH GATE DR**

City **AUSTIN** State **TX** Zip Code **78730-3434**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PHOENIX MGMT INC** Occupation **CONTRACTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **401.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	1	0

Transaction ID: SA11.8684615

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. LEONARD G. STRICKLAND

Mailing Address **4801 HIGH GATE DR**

City **AUSTIN** State **TX** Zip Code **78730-3434**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PHOENIX MGMT INC** Occupation **CONTRACTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **401.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: SA11.8743602

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

201.00

TOTAL This Period (last page this line number only)

--

10020170443

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

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

FOR LINE NUMBER: PAGE 437 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LEONARD G. STRICKLAND

Mailing Address 4801 HIGH GATE DR

City

AUSTIN

State

TX

Zip Code

78730-3434

FEC ID number of contributing federal political committee.

C

Name of Employer
PHOENIX MGMT INC

Occupation

CONTRACTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8746657

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LEONARD G. STRICKLAND

Mailing Address 4801 HIGH GATE DR

City

AUSTIN

State

TX

Zip Code

78730-3434

FEC ID number of contributing federal political committee.

C

Name of Employer
PHOENIX MGMT INC

Occupation

CONTRACTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748529

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID PAUL STUARD

Mailing Address 797 MAIN ST S

City

NEW ELLENTON

State

SC

Zip Code

29809-3111

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8697056

Amount of Each Receipt this Period

251.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

451.00

TOTAL This Period (last page this line number only)

10020170444

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

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

FOR LINE NUMBER: PAGE 438 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DEAN STUDER

Mailing Address **4 CARNOUSTIE CT**

City State Zip Code
SHERIDAN WY 82801-9360

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNITED IND CONTRACTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **1615.00**

Date of Receipt

01 / 12 / 2010

Transaction ID: **SA11.8671380**

Amount of Each Receipt this Period

115.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DEAN STUDER

Mailing Address **4 CARNOUSTIE CT**

City State Zip Code
SHERIDAN WY 82801-9360

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNITED IND CONTRACTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **1615.00**

Date of Receipt

01 / 15 / 2010

Transaction ID: **SA11.8687633**

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DAVID B. STUHLREHER

Mailing Address **3228 HEDBACK WAY**

City State Zip Code
INDIANAPOLIS IN 46220-7711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UROLOGY OF INDIANA PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

01 / 28 / 2010

Transaction ID: **SA11.8745266**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

10020170445

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

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

FOR LINE NUMBER: PAGE 439 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID M. STUMPF

Mailing Address 3911 MARKS RD

City

AGOURA HILLS

State

CA

Zip Code

91301-3649

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8668790

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MYRON M. STUPSKER

Mailing Address 3336 KENWOOD BLVD.

City

TOLEDO

State

OH

Zip Code

43606-2805

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667995

Amount of Each Receipt this Period

750.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GARY A. STURA

Mailing Address 1717 LINCOLN AVE

City

MOUNT DORA

State

FL

Zip Code

32757-4110

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2010

Transaction ID: SA11.8662172

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

10020170446

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

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

FOR LINE NUMBER: PAGE 440 / 689

(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
GEORGE STURDEVANT

Mailing Address 3718 WILDWOOD RIDGE DR

City State Zip Code
KINGWOOD TX 77339-2662

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8700275

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JAMES A. SULLIVAN

Mailing Address P.O. BOX 440

City State Zip Code
CHAMPAIGN IL 61824-0440

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8688564

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. THOMAS S. SUMMERS

Mailing Address P.O. BOX 547

City State Zip Code
NEW FREEDOM PA 17349-0547

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED

Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8754491

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

1002017047

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

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

FOR LINE NUMBER: PAGE 441 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DELMONT SUNDERLAND

Mailing Address **11121 POND ROAD**

City State Zip Code
HUNTINGDON PA 16652-9608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **240.00**

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: **SA11.8738035**

Amount of Each Receipt this Period
240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
EDWARD SUPLEE

Mailing Address **140 RED OAK LANE**

City State Zip Code
GETTYSBURG PA 17325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INDEPENDENT CONTRACTOR GETTYSBURG LICENSED BATTLEFIELD GUIDE

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **1000.00**

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: **SA11.8738476**

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
SARA SWIFT

Mailing Address **P.O. BOX 86**

City State Zip Code
BOULDER WY 82923-0086

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **500.00**

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: **SA11.8659708**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1740.00

TOTAL This Period (last page this line number only)

10020170448

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

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

FOR LINE NUMBER: PAGE 442 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT SWITZER

Mailing Address 205 SAND DOLLAR CV

City

SNEADS FERRY

State

NC

Zip Code

28460-9114

FEC ID number of contributing federal political committee.

C

Name of Employer
COASTAL CAROLINA COMM

Occupation
INSTRUCTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740797

Amount of Each Receipt this Period

141.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT SWITZER

Mailing Address 205 SAND DOLLAR CV

City

SNEADS FERRY

State

NC

Zip Code

28460-9114

FEC ID number of contributing federal political committee.

C

Name of Employer
COASTAL CAROLINA COMM

Occupation
INSTRUCTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8741990

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. DOROTHY SWOFFORD

Mailing Address 7500 N CALLE SIN ENVIDIA

City

TUCSON

State

AZ

Zip Code

85718-7300

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8670032

Amount of Each Receipt this Period

225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

466.00

TOTAL This Period (last page this line number only)

10020170449

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

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

FOR LINE NUMBER: PAGE 443 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. CHARLES SYKES

Mailing Address **P.O. BOX 601**

City State Zip Code
MOUNT OLIVE NC 28365-0601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MT OLIVE LIVESTOCK MKT INC LIVESTOCK AUCTION

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8751591

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. FENTON TALBOTT

Mailing Address **350 DELGADO ST**

City State Zip Code
SANTA FE NM 87501-2757

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF ADVISOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

01 / 11 / 2010

Transaction ID: SA11.8668087

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. SUPOJ TANCHAJJA

Mailing Address **8 CROMWELL CIRCLE**

City State Zip Code
STATEN ISLAND NY 10304-1102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LONG ISLAND COLLEGE HOSPITAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

01 / 12 / 2010

Transaction ID: SA11.8672536

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

10020170450

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

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

FOR LINE NUMBER: PAGE 444 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. GEORGE TAPKE

Mailing Address 2 TAFT ROAD LN

City State Zip Code
CINCINNATI OH 45206-1805

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 290.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8663423

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. GEORGE TAPKE

Mailing Address 2 TAFT ROAD LN

City State Zip Code
CINCINNATI OH 45206-1805

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 290.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724800

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
STEVEN A. TASHER

Mailing Address 17 GLENVIEW DR

City State Zip Code
WARREN NJ 07059-5484

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
WYATT PARTNER LLC CEO MANAGING DIRECTOR

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8741982

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1290.00

TOTAL This Period (last page this line number only)

10020170451

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

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

FOR LINE NUMBER: PAGE 445 / 689
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JOSEPH N. TATE

Mailing Address 2121 E 60TH PL

City State Zip Code
TULSA OK 74105-7020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8709484

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR JOHN H. TATOM

Mailing Address PO BOX 30

City State Zip Code
SULPHUR OK 73086-0030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JOHN H TATOM MD PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
220.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8691641

Amount of Each Receipt this Period
220.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. STEPHEN B. TATTER

Mailing Address 754 ARBOR ROAD

City State Zip Code
WINSTON-SALEM NC 27104-2210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WAKE FOREST UNIVERISTY HE-ALTH PHYSICIAN (NEUROSURGEON)

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672737

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2220.00

TOTAL This Period (last page this line number only)

10020170452

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 447 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. NORMAN TAYLOR

Mailing Address 924 LAUDERDALE DRIVE

City

LEXINGTON

State

KY

Zip Code

40515-6466

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8665354

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. NORMAN TAYLOR

Mailing Address 924 LAUDERDALE DRIVE

City

LEXINGTON

State

KY

Zip Code

40515-6466

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8702791

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. NORMAN TAYLOR

Mailing Address 924 LAUDERDALE DRIVE

City

LEXINGTON

State

KY

Zip Code

40515-6466

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745738

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

10020170454

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 448 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RAYMOND N. TAYLOR

Mailing Address 102 WOODCLIFF CIRCLE

City State Zip Code
SIGNAL MOUNTAIN TN 37377-3143

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8669698

Amount of Each Receipt this Period

520.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JOHN TENETY

Mailing Address 30 W 63RD ST APT 25H

City State Zip Code
NEW YORK NY 10023-7122

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8738074

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. KENNETH F. TENNEY

Mailing Address 3307 NE 2ND ST

City State Zip Code
GAINESVILLE FL 32609-2334

FEC ID number of contributing federal political committee.

C

Name of Employer
CENTRAL FLORIDA DRYWALL AND PL

Occupation
CONTRACTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8670151

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1760.00

TOTAL This Period (last page this line number only)

10020170455

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 449 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. HOWARD THEIR

Mailing Address 7886 DUNVAGEN CT

City State Zip Code
BOCA RATON FL 33496-5903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TENNIER IND., INC. MANUFACTURER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724883

Amount of Each Receipt this Period
225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
BARRY THOMPSON

Mailing Address 2110 WINCHESTER CT

City State Zip Code
ARLINGTON TX 76013-5336

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8678823

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JON L. THOMPSON

Mailing Address 4265 W GULF DR

City State Zip Code
SANIBEL FL 33957-5103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
201.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8724389

Amount of Each Receipt this Period
201.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **676.00**

TOTAL This Period (last page this line number only)

10020170456

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 450 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. MARK THORSON

Mailing Address 204 NW 11TH ST

City State Zip Code
BOCA RATON FL 33432-2642

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ALIX PARTNER CONSULTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8669664

Amount of Each Receipt this Period

220.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WILLIAM TIEMANN

Mailing Address 2028 NAPOLEON AVENUE

City State Zip Code
NEW ORLEANS LA 70115

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
REIN RADIOLOGY GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

MM / DD / YYYY
01 / 23 / 2010

Transaction ID: SA11.8723379

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MARK TIMBIE

Mailing Address 11 LAURELFORD COURT

City State Zip Code
COCKEYSVILLE MD 21030-2236

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MCCORMICK MANAGER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8680043

Amount of Each Receipt this Period

275.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

995.00

TOTAL This Period (last page this line number only)

10020170457

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 451 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. RODNEY M. TINNEY, JR.

Mailing Address **150 AVIATION WAY
HANGER 17-N**

City State Zip Code
FORT WORTH TX 76106-2757

FEC ID number of contributing federal political committee. **C**

Name of Employer
AIR CENTER HELICOPTERS, INC

Occupation
PRESIDENT & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

01 / 12 / 2010

Transaction ID: SA11.8672565

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ANDREW A. TISDALE

Mailing Address **51 SQUIRES LANE**

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer
PROVIDENCE EQUITY PARTNERS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8745188

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DALE TOLER

Mailing Address **P.O. BOX 326**

City State Zip Code
MCLEAN VA 22101-0326

FEC ID number of contributing federal political committee. **C**

Name of Employer
VERJRDY CORP

Occupation
BUSINESS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

01 / 27 / 2010

Transaction ID: SA11.8740779

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3740.00

TOTAL This Period (last page this line number only)

10020170458

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 452 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BRUCE E. TOLL

Mailing Address 1477 RYDAL RD

City State Zip Code
JENKINTOWN PA 19046-1244

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOLL BROTHERS, INC DEVELOPER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8678623

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GILES D. TOLL

Mailing Address 1037 COTTONWOOD CIRCLE

City State Zip Code
GOLDEN CO 80401-1794

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8680074

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GILES D. TOLL

Mailing Address 1037 COTTONWOOD CIRCLE

City State Zip Code
GOLDEN CO 80401-1794

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8751539

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10450.00

TOTAL This Period (last page this line number only)

10020170459

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 453 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. LONNIE TOMERLIN

Mailing Address 22 CORGEY RD

City State Zip Code
PLEASANTON TX 78064-6599

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
241.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8731853

Amount of Each Receipt this Period

241.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
EVANGELINE G. TOMS

Mailing Address 155 E 72ND #2C

City State Zip Code
NEW YORK NY 10021-4371

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8697500

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
PATRICK ALFRED TOOMAN

Mailing Address 3641 MANN RD

City State Zip Code
CLARKSTON MI 48346-4038

FEC ID number of contributing federal political committee. **C**

Name of Employer PLASTIC ENG & TECHNICAL SERVICES

Occupation BUSINESS OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8734576

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1641.00

TOTAL This Period (last page this line number only)

10020170460

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 454 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. S. M. TORABIAN

Mailing Address 3659 GOLDEN LEAF DRIVE

City State Zip Code
WESTLAKE VILLAGE CA 91361-3914

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8701804

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
VERA TRAFTON

Mailing Address 135 TORY HILL ROAD

City State Zip Code
PHILIPS ME 04966

FEC ID number of contributing federal political committee. **C**

Name of Employer
NONE

Occupation
NONE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683212

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES C. TREADWAY

Mailing Address 1509 MONK RD

City State Zip Code
GLADWYNE PA 19035-1316

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737623

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

10020170461

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 455 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
COL LOUIS B. TREVATHAN, USA (RET)

Mailing Address 12000 N 90TH ST UNIT 1022

City State Zip Code
SCOTTSDALE AZ 85260-8628

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
301.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8717778

Amount of Each Receipt this Period

301.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN R. TRIBLE, II

Mailing Address 3631 N. MONROE STREET

City State Zip Code
ARLINGTON VA 22207-5315

FEC ID number of contributing federal political committee. **C**

Name of Employer
TRIBBLE'S INC

Occupation
WHOLESALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740540

Amount of Each Receipt this Period

276.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN D. TRIMBLE, V

Mailing Address 2316 N. CALION ROAD

City State Zip Code
EL DORADO AR 71730-3361

FEC ID number of contributing federal political committee. **C**

Name of Employer
SELF-EMPLOYED

Occupation
OFFICE MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8733550

Amount of Each Receipt this Period

220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

797.00

TOTAL This Period (last page this line number only)

10020170462

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 456 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. HENRY F. TRIONE

Mailing Address P.O. BOX NN

City

SANTA ROSA

State

CA

Zip Code

95402-3189

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8671548

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. VINCENT J. TROSINO

Mailing Address 23 TIMBERLAKE RD

City

BLOOMINGTON

State

IL

Zip Code

61704-8614

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8701817

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARCIA TRUDEAU

Mailing Address 8304 E WOODLAND PARK DR

City

SPOKANE

State

WA

Zip Code

99217-9228

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8709731

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1490.00

TOTAL This Period (last page this line number only)

10020170463

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 457 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. EDWIN H. TRUSEHIM

Mailing Address 3330 EDINBOROUGH WAY APT 1511

City State Zip Code
MINNEAPOLIS MN 55435-5965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **240.00**

Date of Receipt

01 / 25 / 2010

Transaction ID: SA11.8725727

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MISS MARY TRYON

Mailing Address 1808 OAK PARK BLVD APT 36

City State Zip Code
PLEASANT HILL CA 94523-4485

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STATE OF CALIFORNIA EXECUTIVE ASSISTANT

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **415.00**

Date of Receipt

01 / 18 / 2010

Transaction ID: SA11.8689387

Amount of Each Receipt this Period

415.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. E. D. TSINTOLAS

Mailing Address 14724 WESTBURY RD

City State Zip Code
ROCKVILLE MD 20853-1610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED REAL ESTATE

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **240.00**

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8748777

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

895.00

TOTAL This Period (last page this line number only)

10020170464

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 458 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MR. ARTHUR S. TURNER Mailing Address P.O. BOX 543 City CARLISLE State MA Zip Code 01741-0543 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 201.00		Date of Receipt 01 / 14 / 2010 Transaction ID: SA11.8679810 Amount of Each Receipt this Period 1.00 CONTRIBUTION
B. Full Name (Last, First, Middle Initial) MR. ARTHUR S. TURNER Mailing Address P.O. BOX 543 City CARLISLE State MA Zip Code 01741-0543 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 201.00		Date of Receipt 01 / 25 / 2010 Transaction ID: SA11.8729162 Amount of Each Receipt this Period 100.00 CONTRIBUTION
C. Full Name (Last, First, Middle Initial) MR. ARTHUR S. TURNER Mailing Address P.O. BOX 543 City CARLISLE State MA Zip Code 01741-0543 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 201.00		Date of Receipt 01 / 29 / 2010 Transaction ID: SA11.8747578 Amount of Each Receipt this Period 100.00 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional) ▶		201.00
TOTAL This Period (last page this line number only) ▶		

10020170465

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 460 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
BARBARA LEE UPHAM

Mailing Address **P.O. BOX 83**

City State Zip Code
MINERAL WELLS TX 76068-0083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF RANCHER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **500.00**

Date of Receipt
01 / 29 / 2010

Transaction ID: **SA11.8748372**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. BILLY T. UTLEY

Mailing Address **P.O. BOX 4095**

City State Zip Code
TUSTIN CA 92781-4095

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **235.00**

Date of Receipt
01 / 29 / 2010

Transaction ID: **SA11.8751719**

Amount of Each Receipt this Period
235.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
SANDRA VALIERES

Mailing Address **376 MAPLE AVE**

City State Zip Code
OLD SAYBROOK CT 06475-2848

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **500.00**

Date of Receipt
01 / 20 / 2010

Transaction ID: **SA11.8699134**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **1235.00**

TOTAL This Period (last page this line number only)

10020170467

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 461 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. KATHRYN VALLEAU

Mailing Address 4839 MEADOW DR

City State Zip Code
VAIL CO 81657-5462

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8709736

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. ALICE R. VALLIERE

Mailing Address 14771 HOLE IN 1 CIR

City State Zip Code
FORT MYERS FL 33919-2132

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8675214

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. JOAN T. VALTS

Mailing Address 961 TENNIS AVE

City State Zip Code
AMBLER PA 19002-2312

FEC ID number of contributing federal political committee. **C**

Name of Employer
VALTS ROOFING INC

Occupation

BOOK KEEPER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8679633

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

10020170468

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 462 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
JAMES VALUSKA

Mailing Address **611 CIDERBERRY DRIVE**

City State Zip Code
WEXFORD PA 15090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UPMC SURGEON

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

01 / 13 / 2010

Transaction ID: SA11.8675648

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. MIRIAM VAN

Mailing Address **3 ESCONDIDO CIRCLE
UNIT 17**

City State Zip Code
ALTAMONTE SPRINGS FL 32701-4548

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

01 / 07 / 2010

Transaction ID: SA11.8662824

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
CARL D. VAN DEMARK

Mailing Address **189 VALLEY RD**

City State Zip Code
KATONAH NY 10536-1712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GOLENBACK ESEMAN ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt

01 / 12 / 2010

Transaction ID: SA11.8672528

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

10020170469

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 463 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CARL D. VAN DEMARK

Mailing Address 189 VALLEY RD

City
KATONAH

State Zip Code
NY 10536-1712

FEC ID number of contributing federal political committee.

C

Name of Employer
GOLENBACK ESEMAN

Occupation
ATTORNEY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8750634

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES W. VAN HOOK

Mailing Address 6600 MIAMI BLUFF DR

City
CINCINNATI

State Zip Code
OH 45227-4239

FEC ID number of contributing federal political committee.

C

Name of Employer
UCS MEDICAL

Occupation
PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8706882

Amount of Each Receipt this Period

375.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. DOROTHY J. VANCE

Mailing Address 1100 PEMBRIDGE DRIVE
APARTMENT 159

City
LAKE FOREST

State Zip Code
IL 60045-4218

FEC ID number of contributing federal political committee.

C

Name of Employer
**VANCE PUBLISHING CORPORAT-
ION**

Occupation
VICE PRESIDENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8667043

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1675.00

TOTAL This Period (last page this line number only)

10020170470

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 464 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. JOHN P. VANDERPOOL

Mailing Address 7330 N VANDIVER RD

City State Zip Code
SAN ANTONIO TX 78209-3040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
370.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682580

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. JOHN P. VANDERPOOL

Mailing Address 7330 N VANDIVER RD

City State Zip Code
SAN ANTONIO TX 78209-3040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
370.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8688562

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. JOHN P. VANDERPOOL

Mailing Address 7330 N VANDIVER RD

City State Zip Code
SAN ANTONIO TX 78209-3040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
370.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8691629

Amount of Each Receipt this Period

120.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

370.00

TOTAL This Period (last page this line number only) ▶

10020170471

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 465 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
KEITH VANDERVENNET

Mailing Address **2300 ROCKY HOCK RD**

City State Zip Code
WAKEFIELD VA 23888-3126

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8753593

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. LEO VANMUNCHING, JR.

Mailing Address **800 HOLLOW TREE RIDGE ROAD**

City State Zip Code
DARIEN CT 06820-2003

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8747098

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JACK E. VARNEY

Mailing Address **2208 VIA CORTO**

City State Zip Code
FALLBROOK CA 92028-8123

FEC ID number of contributing federal political committee. **C**

Name of Employer
PRC, INC.

Occupation
COMBAT SYSTEM ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt

01 / 20 / 2010

Transaction ID: SA11.8698509

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

10020170472

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 466 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JACK E. VARNEY

Mailing Address 2208 VIA CORTO

City

FALLBROOK

State

CA

Zip Code

92028-8123

FEC ID number of contributing federal political committee.

C

Name of Employer
PRC, INC.

Occupation

COMBAT SYSTEM ENGINEER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8723895

Amount of Each Receipt this Period

101.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

RAYMOND VASKO

Mailing Address 326 CARINOSA CT

City

NAPLES

State

FL

Zip Code

34110-7613

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8734952

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES M. VAUGHAN

Mailing Address 3441 SUNSET DRIVE

City

COLUMBUS

State

OH

Zip Code

43221

FEC ID number of contributing federal political committee.

C

Name of Employer
SHAWAN-MARQUIS AGENCY INC.

Occupation

INSURANCE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2010

Transaction ID: SA11.8661271

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

851.00

TOTAL This Period (last page this line number only)

1002017047E

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 467 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JAMES W W. VAUGHAN

Mailing Address 2470 SCHUETZ RD

City State Zip Code
MARYLAND HEIGHTS MO 63043-3300

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PERMA GRAPHICS INC EXECUTIVE

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **250.00**

Date of Receipt

01 / 26 / 2010

Transaction ID: SA11.8737269

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR NICOLAS VEACO

Mailing Address 3050 CAROUSEL CIR

City State Zip Code
STOCKTON CA 95219-2313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED DOCTOR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **250.00**

Date of Receipt

01 / 05 / 2010

Transaction ID: SA11.8655837

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. EFRAIN VELA, JR.

Mailing Address 520 N. 15TH STREET

City State Zip Code
MCALLEN TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **2500.00**

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8745187

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

10020170474

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 468 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
EARL J. VENABLE

Mailing Address **P.O. BOX 81296**

City State Zip Code
LAFAYETTE LA 70598-1296

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EAGLE VENABLE&ASSC. SELF INSURANCE BROKER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **250.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	0		2	0	1	0		

Transaction ID: SA11.8698632

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DON VERNON

Mailing Address **1448 SANTE LUISA DR.**

City State Zip Code
SOLANA BEACH CA 92075-1619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **250.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	0		2	0	1	0		

Transaction ID: SA11.8701878

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. RHONDA R. VESS

Mailing Address **1715 N LAUREL CV**

City State Zip Code
WICHITA KS 67206-3322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **220.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	1		2	0	1	0		

Transaction ID: SA11.8668131

Amount of Each Receipt this Period
110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **610.00**

TOTAL This Period (last page this line number only)

10020170475

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 469 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. RHONDA R. VESS

Mailing Address 1715 N LAUREL CV

City

WICHITA

State

KS

Zip Code

67206-3322

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8725098

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GEORGE VICKERS

Mailing Address 111 GLEN RD S

City

ROME

State

NY

Zip Code

13440-1929

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8676837

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GEORGE VICKERS

Mailing Address 111 GLEN RD S

City

ROME

State

NY

Zip Code

13440-1929

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8685517

Amount of Each Receipt this Period

51.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

211.00

TOTAL This Period (last page this line number only)

10020170476

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 470 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GEORGE VICKERS

Mailing Address **111 GLEN RD S**

City

ROME

State

NY

Zip Code

13440-1929

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

01 / 29 / 2010

Transaction ID: **SA11.8753099**

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

FRANK VLOSSAK

Mailing Address **4001 9TH STREET N**

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing federal political committee.

C

Name of Employer
WILLIAMS & JENSEN

Occupation

GOVERNMENT RELATIONS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2010

Transaction ID: **SA11.8675728**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. KENNETH VOGES

Mailing Address **11113 OBST RD**

City

RED BUD

State

IL

Zip Code

62278-4225

FEC ID number of contributing federal political committee.

C

Name of Employer
RED BUD INDUSTRIES

Occupation

SECRETARY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 29 / 2010

Transaction ID: **SA11.8751791**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

10020170477

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 472 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. THOMAS WACHTELL

Mailing Address 10883 OAK KNOLL RD

City

OJAI

State

CA

Zip Code

93023-9406

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF

Occupation

INVESTMENT/FARMING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8694392

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROGER WAHLICK

Mailing Address 5510 RIVER BLUFF DRIVE

City

MINNEAPOLIS

State

MN

Zip Code

55437-3611

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8668395

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. DORRIS WAHOWSKI

Mailing Address 32145 ROBIN HOODS LOOP

City

MILLSBORO

State

DE

Zip Code

19966

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8744813

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

10020170479

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 473 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. CARLA WALGENBACH

Mailing Address 9621 EAGLE ROCK AVE NE

City State Zip Code
ALBUQUERQUE NM 87122-3880

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 27 / 2010

Transaction ID: SA11.8742892

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. DIANE D. WALKER

Mailing Address 1053 CHESTNUT DR.

City State Zip Code
ESCONDIDO CA 92025

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

01 / 27 / 2010

Transaction ID: SA11.8738529

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ELBRIDGE JUDD WALKER

Mailing Address 1001 BONIFACE PKWY OFC

City State Zip Code
ANCHORAGE AK 99504-1639

FEC ID number of contributing federal political committee. **C**

Name of Employer WALDEC ENTERPRISES INC.

Occupation REAL ESTATE LEASING & DEVELOP.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

01 / 15 / 2010

Transaction ID: SA11.8685913

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

10020170480

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 474 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN WALL

Mailing Address P.O. BOX 42311

City

HOUSTON

State

TX

Zip Code

77242-2311

FEC ID number of contributing federal political committee.

C

Name of Employer
WALL RANCH

Occupation

RANCHER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
01 / 18 / 2010

Transaction ID: SA11.8690865

Amount of Each Receipt this Period

260.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

AILEEN E. WALLACE

Mailing Address 840 INDIAN RANCHER RD

City

AUBURN

State

CA

Zip Code

95603

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8735836

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DON WALLACE

Mailing Address 1034 TRAILS END

City

VALLEY VIEW

State

TX

Zip Code

76272-6114

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

HORSE RANCHER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8670808

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

10020170481

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 475 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. HARRY L. WALLACE

Mailing Address 2204 W CHARTER MALL

City State Zip Code
MEQUON WI 53092-5451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **1000.00**

Date of Receipt

01 / 22 / 2010

Transaction ID: SA11.8722087

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. HARRY L. WALLACE

Mailing Address 2204 W CHARTER MALL

City State Zip Code
MEQUON WI 53092-5451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **1000.00**

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8753491

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. KENNETH C. WALLACE

Mailing Address 1840 FREEDOM DR

City State Zip Code
MELBOURNE FL 32940-6874

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **226.00**

Date of Receipt

01 / 05 / 2010

Transaction ID: SA11.8656573

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

10020170482

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 476 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. KENNETH C. WALLACE

Mailing Address 1840 FREEDOM DR

City State Zip Code
MELBOURNE FL 32940-6874

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **226.00**

Date of Receipt

01 / 20 / 2010

Transaction ID: SA11.8706500

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. KENNETH C. WALLACE

Mailing Address 1840 FREEDOM DR

City State Zip Code
MELBOURNE FL 32940-6874

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **226.00**

Date of Receipt

01 / 22 / 2010

Transaction ID: SA11.8723112

Amount of Each Receipt this Period
51.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. KENNETH C. WALLACE

Mailing Address 1840 FREEDOM DR

City State Zip Code
MELBOURNE FL 32940-6874

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **226.00**

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8752045

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

176.00

TOTAL This Period (last page this line number only)

10020170483

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 477 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. MICHAEL R. WALLER
Mailing Address **6 PICARDY HILL DR**

City State Zip Code
CHESTERFIELD MO 63017-7127

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
01 / 25 / 2010

Transaction ID: SA11.8724510

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. RORY J. WALSH
Mailing Address **5279 ELLICOTT DRIVE**

City State Zip Code
CENTREVILLE VA 20120-1759

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
YAMASHITA SOLUTIONS LLC SYSTEMS ENGINEER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **201.00**

Date of Receipt
01 / 18 / 2010

Transaction ID: SA11.8690009

Amount of Each Receipt this Period
75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. RORY J. WALSH
Mailing Address **5279 ELLICOTT DRIVE**

City State Zip Code
CENTREVILLE VA 20120-1759

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
YAMASHITA SOLUTIONS LLC SYSTEMS ENGINEER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **201.00**

Date of Receipt
01 / 19 / 2010

Transaction ID: SA11.8694253

Amount of Each Receipt this Period
126.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **451.00**

TOTAL This Period (last page this line number only)

10020170484

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 479 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. LYNNE WALTON

Mailing Address 308 NE C STREET

City

BENTONVILLE

State

AR

Zip Code

72712-5331

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8747208

Amount of Each Receipt this Period

30000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

RICHARD WALZ

Mailing Address 4898 N KINNEY COULEE RD

City

ONALASKA

State

WI

Zip Code

54650

FEC ID number of contributing federal political committee.

C

Name of Employer
ZLAW PROPERTIES

Receipt For:

Primary General
 Other (specify) ▼

Occupation

PROPERTY OWNER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8694090

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RONALD WANER

Mailing Address 1205 SNELL ISLE BLVD NE

City

ST PETERSBURG

State

FL

Zip Code

33704-3035

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8695491

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

30750.00

TOTAL This Period (last page this line number only)

10020170486

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 480 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. JEAN M. WARREN

Mailing Address 2410 NW GRAND CIRCLE

City State Zip Code
OKLAHOMA CITY OK 73116-4118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **500.00**

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8722217

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JOHNNY M. WATSON

Mailing Address 782 PEACH ORCHARD DR

City State Zip Code
NASHVILLE TN 37204-4445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **251.00**

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8680816

Amount of Each Receipt this Period
1.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JOHNNY M. WATSON

Mailing Address 782 PEACH ORCHARD DR

City State Zip Code
NASHVILLE TN 37204-4445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **251.00**

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8687588

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

751.00

TOTAL This Period (last page this line number only)

10020170487

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 481 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GURDON WATTLES

Mailing Address 630 5TH AVE

City State Zip Code
NEW YORK NY 10111-0100

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
365.00

Date of Receipt

01 / 18 / 2010

Transaction ID: SA11.8689687

Amount of Each Receipt this Period
365.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT M. WEEKLEY

Mailing Address 621 S. BARRINGTON AVENUE
APARTMENT 306

City State Zip Code
LOS ANGELES CA 90049-4444

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LOWE ENTERPRISES REAL ESTATE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
10000.00

Date of Receipt

01 / 27 / 2010

Transaction ID: SA11.8738488

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CLAIR S. WEENIG

Mailing Address 6204 HORSEMANS CANYON DR

City State Zip Code
WALNUT CREEK CA 94595-4305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
240.00

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8753035

Amount of Each Receipt this Period
240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10605.00

TOTAL This Period (last page this line number only)

10020170488

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 482 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. MICHAEL WEHNER

Mailing Address 1960 GERONIMO STREET

City State Zip Code
NORTH POLE AK 99705-5445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BASSETT COMMUNITY HOSPITAL PHARMACIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8675338

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MICHAEL WEHNER

Mailing Address 1960 GERONIMO STREET

City State Zip Code
NORTH POLE AK 99705-5445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BASSETT COMMUNITY HOSPITAL PHARMACIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8746796

Amount of Each Receipt this Period
110.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ALEX WEIL

Mailing Address 2 W 45TH ST

City State Zip Code
NEW YORK NY 10036-4212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHARLEX INC. CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1020.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8723590

Amount of Each Receipt this Period
1020.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1280.00

TOTAL This Period (last page this line number only)

10020170489

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 483 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT WEINER

Mailing Address 2 LEIGHT CT NW

City

ATLANTA

State

GA

Zip Code

30327-4308

FEC ID number of contributing federal political committee.

C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2010

Transaction ID: SA11.8661633

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ROBERT WEINER

Mailing Address 2 LEIGHT CT NW

City

ATLANTA

State

GA

Zip Code

30327-4308

FEC ID number of contributing federal political committee.

C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8697499

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

RICHARD WEIS

Mailing Address 8237 RIDGEWAY AVE

City

SKOKIE

State

IL

Zip Code

60076-3319

FEC ID number of contributing federal political committee.

C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8684608

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

10020170490

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 484 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MAYRA B. WEISSNER

Mailing Address 3 ARROWHEAD LN

City State Zip Code
ROLLING HILLS ESTA CA 90274-4818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ATLAS ENGINE REBUILDING CORPORATE PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8703601

Amount of Each Receipt this Period
240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MARTHA G WELCH

Mailing Address 255 CANDY POINT RD

City State Zip Code
HEATHSVILLE VA 22473-2283

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8660113

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JOHN C. WELLEMEYER

Mailing Address 89 ROSEDALE RD

City State Zip Code
PRINCETON NJ 08540-6701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 501.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8702104

Amount of Each Receipt this Period
501.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 991.00

TOTAL This Period (last page this line number only)

10020170491

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 485 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. MARGARET WELLS

Mailing Address P.O. BOX 636

City State Zip Code
MCALLEN TX 78505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **250.00**

Date of Receipt

01 / 15 / 2010

Transaction ID: SA11.8682979

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. STEPHEN T. WELTON

Mailing Address 447 N INGRAM RD

City State Zip Code
SIKESTON MO 63801-5151

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **240.00**

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8748805

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DONALD WENGER

Mailing Address 714 MAIN ST

City State Zip Code
SABETHA KS 66534-1825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED MANAGER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **500.00**

Date of Receipt

01 / 22 / 2010

Transaction ID: SA11.8713803

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

10020170492

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 486 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. LAVON WENGER

Mailing Address 714 MAIN ST

City State Zip Code
SABETHA KS 66534-1825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WENGER MTG PRESIDENT

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
750.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8684035

Amount of Each Receipt this Period

750.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. GEORGE M. WENTSCH

Mailing Address 40 N. I. H. 35
APARTMENT 12B1

City State Zip Code
AUSTIN TX 78701-4332

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
400.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2010

Transaction ID: SA11.8676394

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MARK J WERKSMAN

Mailing Address 7 ACACIA LN

City State Zip Code
ROLLING HILLS CA 90274-4051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8663021

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

10020170493

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 487 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
TERRY V. WESTON

Mailing Address **444 PIEDMONT AVE UNIT 106**

City State Zip Code
GLENDALE CA 91206-3453

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **251.00**

Date of Receipt

01 / 11 / 2010

Transaction ID: **SA11.8667233**

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
TERRY V. WESTON

Mailing Address **444 PIEDMONT AVE UNIT 106**

City State Zip Code
GLENDALE CA 91206-3453

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **251.00**

Date of Receipt

01 / 22 / 2010

Transaction ID: **SA11.8722974**

Amount of Each Receipt this Period

101.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
TERRY V. WESTON

Mailing Address **444 PIEDMONT AVE UNIT 106**

City State Zip Code
GLENDALE CA 91206-3453

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **251.00**

Date of Receipt

01 / 26 / 2010

Transaction ID: **SA11.8732459**

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

251.00

TOTAL This Period (last page this line number only)

10020170494

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 488 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RON WHALEY

Mailing Address 5509 WALSH LANE

City State Zip Code

ROGERS AR 72758

FEC ID number of contributing federal political committee.

C

Name of Employer
W3 PARTNERS LLC

Occupation
FOOD MANUFACTURING & MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
237.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8715338

Amount of Each Receipt this Period

1.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RON WHALEY

Mailing Address 5509 WALSH LANE

City State Zip Code

ROGERS AR 72758

FEC ID number of contributing federal political committee.

C

Name of Employer
W3 PARTNERS LLC

Occupation
FOOD MANUFACTURING & MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
237.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738474

Amount of Each Receipt this Period

236.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

THOMAS L. WHALEY

Mailing Address PO DRAWER P

City State Zip Code

MARSHALL TX 75671

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8703843

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1237.00

TOTAL This Period (last page this line number only)

10020170495

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 490 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. WILLIAM WHITAKER

Mailing Address 5800 W. WINTERHAWK COURT

City State Zip Code
MUNCIE IN 47304-8949

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8732203

Amount of Each Receipt this Period
220.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
COL ALLIE WHITE

Mailing Address 20550 HUEBNER RD UNIT 209

City State Zip Code
SAN ANTONIO TX 78258-3967

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8665995

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
COL ALLIE WHITE

Mailing Address 20550 HUEBNER RD UNIT 209

City State Zip Code
SAN ANTONIO TX 78258-3967

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8682860

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **720.00**

TOTAL This Period (last page this line number only)

10020170497

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 491 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. NEWTON WHITE

Mailing Address 10 SIERRA ROSA LOOP

City State Zip Code
SANTA FE NM 87506-8212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8677850

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
WALLACE P. WHITLEY

Mailing Address 230 TOLLGATE BLVD

City State Zip Code
ISLAMORADA FL 33036-4219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8660684

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. PETER K. WIECHERS

Mailing Address 33 HOPKINS HILL ROAD

City State Zip Code
WEST GREENWICH RI 02817-1707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SMITHS TRUCKING CO. BUSINESS OWNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
226.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8731739

Amount of Each Receipt this Period
26.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **526.00**

TOTAL This Period (last page this line number only)

10020170498

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 492 / 689

(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			

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. PETER K. WIECHERS

Mailing Address **33 HOPKINS HILL ROAD**

City State Zip Code
WEST GREENWICH RI 02817-1707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SMITHS TRUCKING CO. BUSINESS OWNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
226.00

Date of Receipt
01 / 29 / 2010

Transaction ID: **SA11.8751748**

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. E. ANDREW WILDE, JR.

Mailing Address **1210 GREENDALE AVENUE
APARTMENT E-3**

City State Zip Code
NEEDHAM MA 02492-4630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 14 / 2010

Transaction ID: **SA11.8680613**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. EDWARD WILFORD

Mailing Address **12923 BUCKEYE DR**

City State Zip Code
GAITHERSBURG MD 20878-3578

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 05 / 2010

Transaction ID: **SA11.8659275**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **950.00**

TOTAL This Period (last page this line number only)

10020170455

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 493 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. DONALD M. WILKINSON, SR.

Mailing Address 130 E 75TH ST

City State Zip Code
NEW YORK NY 10021-3241

FEC ID number of contributing federal political committee. **C**

Name of Employer
WILKINSON O'GRADY

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683184

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
CHRISTOPHER C. WILLIAMS

Mailing Address 2115 GRAND RIDGE CT

City State Zip Code
MANHATTAN KS 66503-8695

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8730797

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. DAVID V. WILLIAMS

Mailing Address 2921 COOKS HILL RD

City State Zip Code
CENTRALIA WA 98531-9009

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2010

Transaction ID: SA11.8661306

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

10020170500

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 494 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. DAVID V. WILLIAMS

Mailing Address 2921 COOKS HILL RD

City State Zip Code
CENTRALIA WA 98531-9009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
490.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8748776

Amount of Each Receipt this Period

240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. MARGILEE B. WILLIAMS

Mailing Address 5500 TAWNEY AVE

City State Zip Code
AMARILLO TX 79106-4808

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8672544

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. PHILIP W. WILLIAMS

Mailing Address 3618 DANA SHORES DR

City State Zip Code
TAMPA FL 33634-7514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JLG MEDICAL DIRECTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8696705

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

790.00

TOTAL This Period (last page this line number only)

10020170501

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 495 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. ROSA C. WILLIAMS

Mailing Address 210 COLLINS CT

City

COLUMBIA

State

SC

Zip Code

29212-8315

FEC ID number of contributing federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.8707866

Amount of Each Receipt this Period

201.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. T M. WILLINGHAM, II

Mailing Address 5151 BROOK HOLLOW PKWY STE 225

City

NORCROSS

State

GA

Zip Code

30071-4912

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8740823

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. BARBARA H. WILSON

Mailing Address 2540 GREEN ST

City

SAN FRANCISCO

State

CA

Zip Code

94123-4629

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745349

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

681.00

TOTAL This Period (last page this line number only)

10020170502

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 496 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. BARBARA H. WILSON

Mailing Address 2540 GREEN ST

City

SAN FRANCISCO

State

CA

Zip Code

94123-4629

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8753808

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS CARRIE E. WILSON

Mailing Address 286 DEEPWOODS DR

City

HIGHLAND HGTS

State

KY

Zip Code

41076-4713

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5200.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8670432

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS CARRIE E. WILSON

Mailing Address 286 DEEPWOODS DR

City

HIGHLAND HGTS

State

KY

Zip Code

41076-4713

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5200.00

Date of Receipt

MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8673374

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5350.00

TOTAL This Period (last page this line number only)

10020170503

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 499 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. WILLIAM WILSON

Mailing Address 881 OCEAN DR #27D

City State Zip Code
KEY BISCAIYNE FL 33149

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
U.S. COAST GUARD LAW ENFORCEMENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2010

Transaction ID: SA11.8662641

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WILLIAM WILSON

Mailing Address 881 OCEAN DR #27D

City State Zip Code
KEY BISCAIYNE FL 33149

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
U.S. COAST GUARD LAW ENFORCEMENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8736748

Amount of Each Receipt this Period
101.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. PETE WINSTEAD

Mailing Address 79 PASCAL LN

City State Zip Code
AUSTIN TX 78746-2552

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8657453

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **451.00**

TOTAL This Period (last page this line number only)

10020170506

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 500 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT R. WINTER

Mailing Address 123 SHERWOOD DR.

City State Zip Code
GREENSBURG PA 15601-5958

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
241.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683248

Amount of Each Receipt this Period
240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT R. WINTER

Mailing Address 123 SHERWOOD DR.

City State Zip Code
GREENSBURG PA 15601-5958

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
241.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8728539

Amount of Each Receipt this Period
1.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. HARRY H. WISE

Mailing Address 56 CATSKILL CT.

City State Zip Code
BELLE MEAD NJ 08502-4527

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MFS, INC. EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
451.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8656912

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

441.00

TOTAL This Period (last page this line number only)

10020170507

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 501 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. HARRY H. WISE

Mailing Address **56 CATSKILL CT.**

City State Zip Code
BELLE MEAD NJ 08502-4527

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MFS, INC. EXECUTIVE

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **451.00**

Date of Receipt
01 / 26 / 2010

Transaction ID: **SA11.8737771**

Amount of Each Receipt this Period
251.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. BETH WOOD

Mailing Address **400 COLUMBINE ST**

City State Zip Code
DENVER CO 80206-4247

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF YOGA TEACHER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **520.00**

Date of Receipt
01 / 19 / 2010

Transaction ID: **SA11.8691866**

Amount of Each Receipt this Period
520.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. GARY WOOD

Mailing Address **1643 E SAHUARO BLOSSOM PL**

City State Zip Code
TUCSON AZ 85718-7879

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **240.00**

Date of Receipt
01 / 19 / 2010

Transaction ID: **SA11.8693776**

Amount of Each Receipt this Period
240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1011.00

TOTAL This Period (last page this line number only)

10020170508

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 502 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD D. WOOD

Mailing Address 5715 SUNSET LANE

City

INDIANAPOLIS

State

IN

Zip Code

46228-1447

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8677883

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. J. A. WOODS

Mailing Address 401 GOLF DRIVE

City

HOOVER

State

AL

Zip Code

35226-2316

FEC ID number of contributing federal political committee.

C

Name of Employer
PROCESS EQUIPMENT

Occupation
EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8697124

Amount of Each Receipt this Period

1.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. J. A. WOODS

Mailing Address 401 GOLF DRIVE

City

HOOVER

State

AL

Zip Code

35226-2316

FEC ID number of contributing federal political committee.

C

Name of Employer
PROCESS EQUIPMENT

Occupation
EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8750303

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

751.00

TOTAL This Period (last page this line number only)

10020170509

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 503 / 689

(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

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JOHN W. A. WOODY, JR.
Mailing Address P.O. BOX 666

City State Zip Code
BROOKLYN MI 49230-0666

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
C.P.M.P., INC. SALES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11.8701809

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN M. WORD, III
Mailing Address 319 VIA LIDO SOUD

City State Zip Code
NEWPORT BEACH CA 92663-4615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WORD & BROWN PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8730879

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. TIM WORD
Mailing Address P.O. BOX 310330

City State Zip Code
NEW BRAUNFELS TX 78131-0330

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF CONTRACTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8718599

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **1050.00**

TOTAL This Period (last page this line number only)

10020170510

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 504 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRYAN WRIGHT

Mailing Address 21129 GOLF ESTATES DR

City State Zip Code
GAITHERSBURG MD 20882-1942

FEC ID number of contributing federal political committee. C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
SELF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745658

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. WYLIE

Mailing Address 2918 SUNNYBROOK DR

City State Zip Code
TYLER TX 75701-5355

FEC ID number of contributing federal political committee. C

Name of Employer
REFUSED

Occupation
ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666189

Amount of Each Receipt this Period
205.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ANGELA B. YALAMANCHILI

Mailing Address 11204 CYPRESS CT.

City State Zip Code
HOUSTON TX 77065-1901

FEC ID number of contributing federal political committee. C

Name of Employer
CNC INVESTMENTS

Occupation
PROPERTY MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.8659439

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1505.00

TOTAL This Period (last page this line number only)

10020170511

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 505 / 689

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. GREGORY YANTA

Mailing Address P.O. BOX 850071

City State Zip Code
RICHARDSON TX 75085-0071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMC INSURANCE COMPANIES ADJUSTER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: SA11.8714038

Amount of Each Receipt this Period
240.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. GEORGE YASMINE

Mailing Address 6409 BARBOUR LAKE RD

City State Zip Code
FAYETTEVILLE NC 28306-8098

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEORGE YASMINE OWNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11.8669567

Amount of Each Receipt this Period
700.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
THOMAS YATES

Mailing Address 3951 HY. 314 SW

City State Zip Code
LOSLUNAS NM 87031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2010

Transaction ID: SA11.8723391

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 1940.00

TOTAL This Period (last page this line number only)

10020170512

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 506 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. CHARLES YODER

Mailing Address 40485 MURRIETA HOT SPRINGS RD STE

City MURRIETA State CA Zip Code 92563-6406

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 15 / 2010
Transaction ID: SA11.8684055
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. GEORGE W. YOUNG

Mailing Address 235 WALKER STREET APARTMENT 252

City LENOX State MA Zip Code 01240-2749

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 01 / 15 / 2010
Transaction ID: SA11.8684038
Amount of Each Receipt this Period 315.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. NANCY H. YOUNGS

Mailing Address 4524 PINWOOD LN

City ALLISON PARK State PA Zip Code 15101-1336

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2010
Transaction ID: SA11.8700990
Amount of Each Receipt this Period 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 1065.00

TOTAL This Period (last page this line number only) ▶

10020170513

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 507 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. RUTH YOUNG
Mailing Address **290 PAUL COPAS RD**

City State Zip Code
WINCHESTER OH 45697-9441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11.8730459

Amount of Each Receipt this Period
750.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. VIRGINIA K. YOUNG
Mailing Address **45 E 25TH ST APT 40B**

City State Zip Code
NEW YORK NY 10010-2944

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8696656

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. ZORA O. YOUNG
Mailing Address **1440 BERMUDA CIR**

City State Zip Code
RENO NV 89509-5801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF PSYCHIATRIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **215.00**

Date of Receipt
MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11.8665507

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

10020170514

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 508 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. ZORA O. YOUNG

Mailing Address 1440 BERMUDA CIR

City State Zip Code
RENO NV 89509-5801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF PSYCHIATRIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
215.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8739205

Amount of Each Receipt this Period

15.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. ZORA O. YOUNG

Mailing Address 1440 BERMUDA CIR

City State Zip Code
RENO NV 89509-5801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF PSYCHIATRIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
215.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8753376

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ADEL ZAKARIA

Mailing Address 4001 N OCEAN BLVD APT B1508

City State Zip Code
BOCA RATON FL 33431

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.8737624

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

10020170515

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 509 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. MORRIE ZIMRING

Mailing Address 10640 GATEWAY BLVD

City State Zip Code
SAINT LOUIS MO 63132-1802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
501.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8743480

Amount of Each Receipt this Period
1.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MORRIE ZIMRING

Mailing Address 10640 GATEWAY BLVD

City State Zip Code
SAINT LOUIS MO 63132-1802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
501.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8750588

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DOCTORS HOSPITAL AT RENAISSANCE

Mailing Address PO BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
30400.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745171

Amount of Each Receipt this Period
30400.00

CONTRIBUTION

REDESIGNATION REQUESTED -
REFUND TO BE ISSUED; SEE
ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional) **30901.00**

TOTAL This Period (last page this line number only)

10020170516

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 510 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
RIAD ABOUJAMOUS, FNP

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DOCTORS HOSPITAL AT RENAISSANCE PARTNER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **7.57**

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8760268

Amount of Each Receipt this Period
7.57

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. CHARITY ABREU

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DOCTORS HOSPITAL AT RENAISSANCE PARTNER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **75.75**

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8760269

Amount of Each Receipt this Period
75.75

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. RUBEN ABREU

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DOCTORS HOSPITAL AT RENAISSANCE PARTNER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **75.71**

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8760270

Amount of Each Receipt this Period
75.71

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) **0.00**

TOTAL This Period (last page this line number only)

10020170517

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 512 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. HILLARY ALMEDIA

Mailing Address P.O. BOX 3293

City State Zip Code

MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

18.93

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8763583

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DR. RAFAEL AMARO

Mailing Address P.O. BOX 3293

City State Zip Code

MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

37.86

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8763620

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

MIKE AMYX

Mailing Address P.O. BOX 3293

City State Zip Code

MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

75.71

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765655

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170519

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 515 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. RAUL BARREDA

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8763623

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. RICARDO BARRERA

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
189.28

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765838

Amount of Each Receipt this Period

189.28

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. SUBRAHMANYAM BEHARA

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
189.28

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765839

Amount of Each Receipt this Period

189.28

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170522

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 518 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. ERASTO CANALES

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765821

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. RICARDO CANALES

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765657

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. CARLOS CARDENAS

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.56

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765855

Amount of Each Receipt this Period

378.56

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170525

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 520 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. NORMA CAVAZOS-SALAS
Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.56

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765857

Amount of Each Receipt this Period

378.56

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. R. CHANDRA
Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
189.28

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765841

Amount of Each Receipt this Period

189.28

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
ROY CONTRERAS, PA
Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7.57

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8760273

Amount of Each Receipt this Period

7.57

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170527

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 522 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. DIANA CORTINAS

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18.93

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8763585

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. GUILLERMO CORTINAS

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18.93

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8763586

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. JAVIER CORTINAS

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.56

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765858

Amount of Each Receipt this Period

378.56

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170529

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 523 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. EDGAR CRUZ

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765659

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. HEARTHER DALEY

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8763627

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
JIM DARLING, ATTY.

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765660

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170530

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 524 / 689

(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
							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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. JORGE DELAGARZA

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
151.42

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765826

Amount of Each Receipt this Period

151.42

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. LUIS DELGADO

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
151.42

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765827

Amount of Each Receipt this Period

151.42

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. PARUL DESAI

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18.93

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8763587

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170531

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 525 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. ALBERTO DURAN

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
189.28

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765842

Amount of Each Receipt this Period

189.28

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
ONEIDA ELIZONDO, NP

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7.57

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8760274

Amount of Each Receipt this Period

7.57

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. KOTTHEGAL ESHWAR

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8763628

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170532

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 526 / 689

(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"/>							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. ANTONIO ESPARZA

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.14

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765845

Amount of Each Receipt this Period

227.14

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. SANDRA ESQUIVEL

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765661

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. ALEX FEIGL

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765662

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170533

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 528 / 689

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. EUGENIO GALINDO

Mailing Address P.O. BOX 3293

City

MCALLEN

State

TX

Zip Code

78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

605.70

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765879

Amount of Each Receipt this Period

605.70

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DR. CARLOS GARCIA

Mailing Address P.O. BOX 3293

City

MCALLEN

State

TX

Zip Code

78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

151.42

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765828

Amount of Each Receipt this Period

151.42

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

DR. OSCAR GARCIA

Mailing Address P.O. BOX 3293

City

MCALLEN

State

TX

Zip Code

78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

378.56

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765859

Amount of Each Receipt this Period

378.56

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170535

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 531 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
RICHARD GILLET

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765688

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. ALVARO GIRALDO

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8763632

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. FELIPE GOMEZ

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765692

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170538

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 532 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. JUAN PABLO GOMEZ
Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765696

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
MARCO GOMEZ, PA-C
Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7.57

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8760275

Amount of Each Receipt this Period

7.57

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. ESTEBAN GONZALEZ
Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18.93

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8763591

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170539

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 534 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL GONZALEZ, PA-C

Mailing Address P.O. BOX 3293

City

MCALLEN

State

TX

Zip Code

78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

18.93

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8763592

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

RODRIGO GONZALEZ

Mailing Address P.O. BOX 3293

City

MCALLEN

State

TX

Zip Code

78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

75.71

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765700

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

PATRICIA GRESHAM, NP

Mailing Address P.O. BOX 3293

City

MCALLEN

State

TX

Zip Code

78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

7.57

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8760276

Amount of Each Receipt this Period

7.57

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170541

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 535 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. ENRIQUE GRIEGO

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765822

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. MARIA RUBY GUAJARDO

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18.93

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8763593

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. JUAN GUARDIA

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18.93

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8763594

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

10020170542

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 536 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. DANIEL GUERRA

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765820

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. MARCO GUTIERREZ

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.56

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765860

Amount of Each Receipt this Period

378.56

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. VICTOR HADDAD

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.56

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765861

Amount of Each Receipt this Period

378.56

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170543

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 537 / 689

(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. THOMAS HAUSLE
Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18.93

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8763595

Amount of Each Receipt this Period
18.93

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. AMBROSIO HERNANDEZ
Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.56

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765862

Amount of Each Receipt this Period
378.56

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. MAX HERNANDEZ
Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8763634

Amount of Each Receipt this Period
37.86

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170544

**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 539 / 689
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) DR. VINCENT HONRUBIA		Date of Receipt MM / DD / YYYY 01 / 28 / 2010		
	Mailing Address P.O. BOX 3293		Transaction ID: SA11.8765863		
	City MCALLEN	State TX	Zip Code 78502	Amount of Each Receipt this Period 378.56	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
	Name of Employer DOCTORS HOSPITAL AT RENAISSANCE		Occupation PARTNER	[MEMO ITEM]	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 378.56			

B.	Full Name (Last, First, Middle Initial) PHILLIP HUNKE, DDS		Date of Receipt MM / DD / YYYY 01 / 28 / 2010		
	Mailing Address P.O. BOX 3293		Transaction ID: SA11.8765848		
	City MCALLEN	State TX	Zip Code 78502	Amount of Each Receipt this Period 249.78	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
	Name of Employer DOCTORS HOSPITAL AT RENAISSANCE		Occupation PARTNER	[MEMO ITEM]	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.78			

C.	Full Name (Last, First, Middle Initial) DR. SYED R. HUSAIN		Date of Receipt MM / DD / YYYY 01 / 28 / 2010		
	Mailing Address P.O. BOX 3293		Transaction ID: SA11.8763597		
	City MCALLEN	State TX	Zip Code 78502	Amount of Each Receipt this Period 18.93	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
	Name of Employer DOCTORS HOSPITAL AT RENAISSANCE		Occupation PARTNER	[MEMO ITEM]	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 18.93			

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

10020170546

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 544 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. ALFREDO LOPEZ

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18.93

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8763602

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. RODOLFO LOZANO

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765629

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. SALIL MANGI

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
151.42

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765831

Amount of Each Receipt this Period

151.42

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170551

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 548 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. CARLOS MEGO
Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
757.12

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: **SA11.8765883**

Amount of Each Receipt this Period
757.12

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. PEDRO MEGO
Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: **SA11.8765730**

Amount of Each Receipt this Period
75.71

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
IMTIAZ MEHKRI
Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: **SA11.8765632**

Amount of Each Receipt this Period
37.86

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170555

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 549 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. LUIS MEJIA

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765633

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. KATHY MENDEZ

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765733

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. OSCAR MENDEZ

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765736

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

13020170556

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 551 / 689
(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
							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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
RUBEN MOHME

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer DOCTORS HOSPITAL AT RENAISSANCE
Occupation PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.47

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765653

Amount of Each Receipt this Period
37.61

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. ARMANDO MONCADA

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer DOCTORS HOSPITAL AT RENAISSANCE
Occupation PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.56

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765867

Amount of Each Receipt this Period
378.56

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. GUILLERMO MONTANEZ

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer DOCTORS HOSPITAL AT RENAISSANCE
Occupation PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18.93

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8763604

Amount of Each Receipt this Period
18.93

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

TOTAL This Period (last page this line number only) ▶

10020170558

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 552 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) DR. CARLOS MORALES</p> <p>Mailing Address P.O. BOX 3293</p> <p>City MCALLEN State TX Zip Code 78502</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer DOCTORS HOSPITAL AT RENAISSANCE Occupation PARTNER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 378.56</p>	<p>Date of Receipt 01 / 28 / 2010</p> <p>Transaction ID: SA11.8765868</p> <p>Amount of Each Receipt this Period 378.56</p> <p>CONTRIBUTION</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) JUAN JOSE MORENO, PA-C</p> <p>Mailing Address P.O. BOX 3293</p> <p>City MCALLEN State TX Zip Code 78502</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer DOCTORS HOSPITAL AT RENAISSANCE Occupation PARTNER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 7.57</p>	<p>Date of Receipt 01 / 28 / 2010</p> <p>Transaction ID: SA11.8760278</p> <p>Amount of Each Receipt this Period 7.57</p> <p>CONTRIBUTION</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) DR. LAUREN BROOKE NAYLOR</p> <p>Mailing Address P.O. BOX 3293</p> <p>City MCALLEN State TX Zip Code 78502</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer DOCTORS HOSPITAL AT RENAISSANCE Occupation PARTNER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 7.57</p>	<p>Date of Receipt 01 / 28 / 2010</p> <p>Transaction ID: SA11.8760279</p> <p>Amount of Each Receipt this Period 7.57</p> <p>CONTRIBUTION</p> <p>[MEMO ITEM]</p>
<p>SUBTOTAL of Receipts This Page (optional) ▶ 0.00</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

10020170559

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 553 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. VICTOR OGUNLANA

Mailing Address P.O. BOX 3293

City

MCALLEN

State

TX

Zip Code

78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation

PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

75.71

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765749

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DR. NOE OLIVEIRA

Mailing Address P.O. BOX 3293

City

MCALLEN

State

TX

Zip Code

78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation

PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

75.71

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765752

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

DR. MIGUEL ONETO

Mailing Address P.O. BOX 3293

City

MCALLEN

State

TX

Zip Code

78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation

PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

378.39

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765850

Amount of Each Receipt this Period

378.39

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170560

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 554 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. JOHN ORFANOS

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765810

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. JUAN MANUEL ORTIZ

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765811

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. ARMANDO OSIO

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765812

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170561

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 555 / 689

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. FERNANDO OTERO

Mailing Address **P.O. BOX 3293**

City **MCALLEN** State **TX** Zip Code **78502**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DOCTORS HOSPITAL AT RENAISSANCE** Occupation **PARTNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **151.42**

Date of Receipt **01 / 28 / 2010**

Transaction ID: **SA11.8765833**

Amount of Each Receipt this Period **151.42**

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. KIP OWEN

Mailing Address **P.O. BOX 3293**

City **MCALLEN** State **TX** Zip Code **78502**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DOCTORS HOSPITAL AT RENAISSANCE** Occupation **PARTNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **151.42**

Date of Receipt **01 / 28 / 2010**

Transaction ID: **SA11.8765834**

Amount of Each Receipt this Period **151.42**

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
ESTEBAN PALACIOS, PA-C

Mailing Address **P.O. BOX 3293**

City **MCALLEN** State **TX** Zip Code **78502**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DOCTORS HOSPITAL AT RENAISSANCE** Occupation **PARTNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **18.93**

Date of Receipt **01 / 28 / 2010**

Transaction ID: **SA11.8763605**

Amount of Each Receipt this Period **18.93**

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) **0.00**

TOTAL This Period (last page this line number only)

10020170562

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 556 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. PRAKASH PALIMAR

Mailing Address **P.O. BOX 3293**

City State Zip Code

MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

151.42

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765835

Amount of Each Receipt this Period

151.42

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DR. JERRY PALLARES

Mailing Address **P.O. BOX 3293**

City State Zip Code

MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

378.56

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765869

Amount of Each Receipt this Period

378.56

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

DR. DIPEN PAREKH

Mailing Address **P.O. BOX 3293**

City State Zip Code

MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

37.86

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765635

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170563

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 558 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
JUAN PENA

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.56

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765871

Amount of Each Receipt this Period

378.56

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. RAUL PENA

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765636

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. NICHOLAS PEREIRA

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765637

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170565

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 559 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. GUILLERMO PEREZ

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765813

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
FRANCISCO PINA, NP

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18.93

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8763607

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. BILL POPE

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.85

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765849

Amount of Each Receipt this Period

249.85

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170566

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 560 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. SERGIO PRECIADO

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765638

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. TIN QUACH

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18.93

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8763608

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. MARIA QUINTEROS

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18.93

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8763609

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170567

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 561 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (in Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. ERNESTO RAMIREZ

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18.93

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8763610

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. GUSTAVO RAMOS

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
151.42

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765836

Amount of Each Receipt this Period

151.42

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. KEITH RAMOS

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765814

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170568

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 562 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
THELMA RAMOS, LPC
Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

15.13

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8763581

Amount of Each Receipt this Period

15.13

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
SORAYA RANGEL, PA-C
Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

7.57

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8760280

Amount of Each Receipt this Period

7.57

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. R.V. REDDY
Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

37.86

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765639

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170569

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 563 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. WILLIAM RESTREPO
Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: **SA11.8765815**

Amount of Each Receipt this Period
75.71

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. ANNA REYES
Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: **SA11.8765640**

Amount of Each Receipt this Period
37.86

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BENJAMIN ROBALINO
Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: **SA11.8765816**

Amount of Each Receipt this Period
75.71

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) **0.00**

TOTAL This Period (last page this line number only)

10020170570

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 564 / 689
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MARTIN ROCHA, PA-C
Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6.38

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8760272

Amount of Each Receipt this Period

6.38

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. HERIBERTO RODRIGUEZ-AYALA
Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765641

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. HENRY RUIZ
Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.56

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765872

Amount of Each Receipt this Period

378.56

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

10020170571

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 565 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. ROBERT RUIZ

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

18.93

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8763611

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. J.J. SAENZ

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

227.14

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765846

Amount of Each Receipt this Period

227.14

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. JAVIER SAENZ

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

227.14

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765847

Amount of Each Receipt this Period

227.14

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170572

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 566 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LARRY SAFIR

Mailing Address P.O. BOX 3293

City

MCALLEN

State

TX

Zip Code

78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation

PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

757.12

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765885

Amount of Each Receipt this Period

757.12

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DR. JUAN SALAZAR

Mailing Address PO BOX 3293

City

MCALLEN

State

TX

Zip Code

78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation

PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

18.93

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8763612

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

DR. JUAN SALAZAR

Mailing Address P.O. BOX 3293

City

MCALLEN

State

TX

Zip Code

78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation

PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

37.86

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765642

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170573

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 567 / 689

(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. LEONARDO SALCEDO

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt

01 / 28 / 2010

Transaction ID: **SA11.8765643**

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DR. MARIANO SALINAS

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt

01 / 28 / 2010

Transaction ID: **SA11.8765644**

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

ELISA SANCHEZ, PH.D.

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt

01 / 28 / 2010

Transaction ID: **SA11.8765645**

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170574

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 568 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. MANUEL SANCHEZ
Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765646

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
VICTOR SANCHEZ
Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
492.13

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765876

Amount of Each Receipt this Period

492.13

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
MANUEL SEAS
Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.47

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765652

Amount of Each Receipt this Period

75.47

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170575

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 569 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. MICHAEL SEIBA

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
189.28

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765843

Amount of Each Receipt this Period

189.28

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. TAWHID SHUAIB

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
757.12

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765886

Amount of Each Receipt this Period

757.12

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. LIVANIA SPINETTI

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18.93

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8763613

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170576

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 570 / 689
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. NELSON SPINETTI
Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18.93

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8763614

Amount of Each Receipt this Period
18.93

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. NANJAPPA SREENIVAS
Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18.93

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8763615

Amount of Each Receipt this Period
18.93

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. JYOTHI SWARUP
Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765647

Amount of Each Receipt this Period
37.86

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

10020170577

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 571 / 689

(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

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. FRANCIS SWEENEY
Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
757.12

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765887

Amount of Each Receipt this Period
757.12

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. ALEJANDRO TEY
Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.56

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765873

Amount of Each Receipt this Period
378.56

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. KRISHAN TURLAPATI
Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765817

Amount of Each Receipt this Period
75.71

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

10020170578

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 572 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
SUSAN TURLEY

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
492.13

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765877

Amount of Each Receipt this Period

492.13

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. EFRAIM VELA

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.71

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765818

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
ORLANDO VELASQUEZ, PA-C

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18.93

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8763616

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170579

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 573 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. RAMIRO VERDOOREN

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

75.71

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765819

Amount of Each Receipt this Period

75.71

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. GIGI VILLANUEVA

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

37.86

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765648

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. S. VISWAMITRA

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

151.42

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765837

Amount of Each Receipt this Period

151.42

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

16020170586

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 574 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ROGER VITKO

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

378.56

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765874

Amount of Each Receipt this Period

378.56

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

RAY WALKER

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

189.28

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8765844

Amount of Each Receipt this Period

189.28

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

PATRICK WILCOX, DDS

Mailing Address P.O. BOX 3293

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

18.93

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8763617

Amount of Each Receipt this Period

18.93

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170581

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 575 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. TURNER WRIGHT

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765649

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DR. SUBBARAO YARRA

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
757.12

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765888

Amount of Each Receipt this Period

757.12

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DR. FYAD ZAED

Mailing Address **P.O. BOX 3293**

City State Zip Code
MCALLEN TX 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer
DOCTORS HOSPITAL AT RENAISSANCE

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37.86

Date of Receipt

01 / 28 / 2010

Transaction ID: SA11.8765650

Amount of Each Receipt this Period

37.86

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020170582

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 577 / 689

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MISCHER INVESTMENTS LP

Mailing Address 9 GREENWAY PLAZA
SUITE 2900

City State Zip Code
HOUSTON TX 77046-0901

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8692374

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SEE ATTRIBUTION BELOW

B.

Full Name (Last, First, Middle Initial)
MR. WALTER M. MISCHER, SR.

Mailing Address 311 LODGE HOLLOW COURT

City State Zip Code
HOUSTON TX 77024-7024

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8692375

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

1792292.00

10020170584

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 578 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ALEXANDER FOR SENATE 2014

Mailing Address **611 COMMERCE STREET
SUITE 2920**

City **NASHVILLE** State **TN** Zip Code **37203-3742**

FEC ID number of contributing federal political committee. **C C00375725**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
60800.00

Date of Receipt
01 / 29 / 2010

Transaction ID: **SA11.8747204**

Amount of Each Receipt this Period
60800.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)
MCCONNELL SENATE COMMITTEE

Mailing Address **PO BOX 1496**

City **LOUISVILLE** State **KY** Zip Code **40201-1496**

FEC ID number of contributing federal political committee. **C C00193342**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
30800.00

Date of Receipt
01 / 29 / 2010

Transaction ID: **SA11.8747202**

Amount of Each Receipt this Period
30800.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)
21ST CENTURY MAJORITY FUND PAC

Mailing Address **6065 ROSWELL ROAD #2274**

City **ATLANTA** State **GA** Zip Code **30301**

FEC ID number of contributing federal political committee. **C C00361956**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
15000.00

Date of Receipt
01 / 27 / 2010

Transaction ID: **SA11.8738505**

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **106600.00**

TOTAL This Period (last page this line number only)

10020170585

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 579 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ABBOTT LABORATORIES EMPLOYEE PAC
Mailing Address **100 ABBOTT PARK RD**

City State Zip Code
ABBOTT PARK IL 60064-3502

FEC ID number of contributing federal political committee. **C C00040279**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
01 / 27 / 2010

Transaction ID: SA11.8738494

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
AFLAC PAC
Mailing Address **1932 WYNNTON RD**

City State Zip Code
COLUMBUS GA 31999-0001

FEC ID number of contributing federal political committee. **C C00034157**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
01 / 28 / 2010

Transaction ID: SA11.8745177

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
AMERICAN ASSOC. OF ORTHOPAEDIC SURGEONS PAC
Mailing Address **317 MASSACHUSETTS AVE NE**

City State Zip Code
WASHINGTON DC 20002-5769

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
01 / 12 / 2010

Transaction ID: SA11.8670431

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **45000.00**

TOTAL This Period (last page this line number only)

10020170586

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 580 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC
Mailing Address **1120 CONNECTICUT AVENUE, NW**

City State Zip Code
WASHINGTON DC 20036-3905

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **15000.00**

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738514

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
AMERICAN CRYSTAL SUGAR COMPANY PAC
Mailing Address **101 3RD STREET, N**

City State Zip Code
MOORHEAD MN 56560-1952

FEC ID number of contributing federal political committee. **C C00110338**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **15000.00**

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738498

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
AMERICAN COUNCIL OF LIFE INSURERS PAC
Mailing Address **101 CONSTITUTION AVE NW
SUITE 700**

City State Zip Code
WASHINGTON DC 20001-2133

FEC ID number of contributing federal political committee. **C C00147066**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738516

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

10020170587

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 581 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN DENTAL PAC

Mailing Address 1111 14TH STREET, NW
SUITE 1100

City State Zip Code
WASHINGTON DC 20005-5627

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738496

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS PAC

Mailing Address 801 PENNSYLVANIA AVE NW

City State Zip Code
WASHINGTON DC 20004-2673

FEC ID number of contributing federal political committee. **C** C00040535

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738509

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH PAC

Mailing Address 1776 I ST NW

City State Zip Code
WASHINGTON DC 20006-3700

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738535

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

45000.00

TOTAL This Period (last page this line number only)

10020170588

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 582 / 689

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AT&T FEDERAL PAC

Mailing Address 175 EAST HOUSTON
ROOM 7-A-50

City State Zip Code
SAN ANTONIO TX 78205-2255

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738506

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

BEST BUY CO., INC. PAC

Mailing Address 7601 PENN AVE S

City State Zip Code
RICHFIELD MN 55423-3645

FEC ID number of contributing federal political committee. **C** C00405076

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666749

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

BLANK ROME LLP PAC

Mailing Address 600 NEW HAMPSHIRE AVE NW

City State Zip Code
WASHINGTON DC 20037-2403

FEC ID number of contributing federal political committee. **C** C00150797

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745179

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

22500.00

TOTAL This Period (last page this line number only)

10020170589

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 583 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BLUEGRASS COMMITTEE PAC

Mailing Address **400 N CAPITOL ST NW**

City State Zip Code
WASHINGTON DC 20001-1502

FEC ID number of contributing federal political committee. **C C00235655**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **15000.00**

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8747201

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

BROWNSTEIN HYATT FARBER SCHRECK PAC

Mailing Address **410 17TH ST**

City State Zip Code
DENVER CO 80202-4437

FEC ID number of contributing federal political committee. **C C00390583**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

01 / 27 / 2010

Transaction ID: SA11.8738521

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)

Mailing Address **5915 EASTMAN AVE**

City State Zip Code
MIDLAND MI 48640-6824

FEC ID number of contributing federal political committee. **C C00350462**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **15000.00**

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8747209

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

10020170590

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 584 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
COUNTRY FIRST POLITICAL ACTION COMMITTEE, INC.
Mailing Address **228 S WASHINGTON ST**

City State Zip Code
ALEXANDRIA VA 22314-5404

FEC ID number of contributing federal political committee. **C C00457705**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

01 / 27 / 2010

Transaction ID: SA11.8738526

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
CREDIT UNION LEGISLATIVE ACTION COUNCIL 'CULAC' PAC
Mailing Address **601 PENNSYLVANIA AVE NW
SOUTH BUILDING, SUITE 600**

City State Zip Code
WASHINGTON DC 20004-2601

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

01 / 11 / 2010

Transaction ID: SA11.8666742

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DELOITTE LLP PAC
Mailing Address **555 12TH ST NW**

City State Zip Code
WASHINGTON DC 20004-1231

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

01 / 27 / 2010

Transaction ID: SA11.8738512

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

45000.00

TOTAL This Period (last page this line number only)

10020170591

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 585 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **422 SOUTH CHURCH STREET
PBO 4R**

City State Zip Code
CHARLOTTE NC 28202-2148

FEC ID number of contributing federal political committee. **C C00083535**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

01 / 27 / 2010

Transaction ID: SA11.8738499

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
ELECTRONIC DATA SYSTEMS EMPLOYEES PAC (AN HP COMPANY)

Mailing Address **1331 PENNSYLVANIA AVE NW**

City State Zip Code
WASHINGTON DC 20004-1710

FEC ID number of contributing federal political committee. **C C00111658**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

01 / 11 / 2010

Transaction ID: SA11.8666745

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ENERGY SOLUTIONS, LLC PAC

Mailing Address **423 E 300 S**

City State Zip Code
SALT LAKE CITY UT 84111-2606

FEC ID number of contributing federal political committee. **C C00387878**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

01 / 11 / 2010

Transaction ID: SA11.8666747

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

10020170592

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 586 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ENTERGY PAC 'ENPAC'

Mailing Address 101 CONSTITUTION AVE NW

City State Zip Code
WASHINGTON DC 20001-2133

FEC ID number of contributing federal political committee. **C C00363879**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **7500.00**

Date of Receipt

01 / 11 / 2010

Transaction ID: SA11.8666743

Amount of Each Receipt this Period
7500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ERNST & YOUNG PAC

Mailing Address 1225 CONNECTICUT AVENUE, NW
SUITE 200

City State Zip Code
WASHINGTON DC 20036-2604

FEC ID number of contributing federal political committee. **C C00227744**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **15000.00**

Date of Receipt

01 / 27 / 2010

Transaction ID: SA11.8738513

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

FLORIDA POWER & LIGHT COMPANY PLC POWER PAC

Mailing Address 801 PENNSYLVANIA AVENUE, NW
SUITE 220

City State Zip Code
WASHINGTON DC 20004-2679

FEC ID number of contributing federal political committee. **C C00149484**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **15000.00**

Date of Receipt

01 / 27 / 2010

Transaction ID: SA11.8738515

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

37500.00

TOTAL This Period (last page this line number only)

10020170593

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 587 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS POLITICAL CONTRIBUTION PLAN PAC

Mailing Address **2941 FAIRVIEW PARK DRIVE
SUITE 100**

City State Zip Code
FALLS CHURCH VA 22042-4541

FEC ID number of contributing federal political committee.
C C00078451

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745180

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
GENWORTH FINANCIAL PAC

Mailing Address **6620 WEST BROAD STREET**

City State Zip Code
RICHMOND VA 23230-1716

FEC ID number of contributing federal political committee.
C C00404194

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738536

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
INDEPENDENT COMMUNITY BANKERS PAC

Mailing Address **1615 L STREET, NW
SUITE 900**

City State Zip Code
WASHINGTON DC 20036-5623

FEC ID number of contributing federal political committee.
C C00032698

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738510

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

45000.00

TOTAL This Period (last page this line number only)

10020170594

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 588 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JPMORGAN CHASE & COMPANY PAC

Mailing Address 10 S DEARBORN ST

City
CHICAGO

State Zip Code
IL 60603-2300

FEC ID number of contributing federal political committee.

C C00128512

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683169

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

KIRKPATRICK & LOCKHART PRESTON GATES ELLIS, LLP PAC

Mailing Address 1601 K ST NW

City
WASHINGTON

State Zip Code
DC 20006-1882

FEC ID number of contributing federal political committee.

C C00213173

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.8745181

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

KOCH INDUSTRIES 'KOCH PAC'

Mailing Address 655 15TH ST NW

City
WASHINGTON

State Zip Code
DC 20005-5701

FEC ID number of contributing federal political committee.

C C00236489

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

MM / DD / YYYY
01 / 15 / 2010

Transaction ID: SA11.8683164

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

45000.00

TOTAL This Period (last page this line number only)

10020170595

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 589 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MAKING BUSINESS EXCEL PAC

Mailing Address **PO BOX 3241**

City

CHEYENNE

State

WY

Zip Code

82003-3241

FEC ID number of contributing federal political committee.

C C00392134

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738503

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MEDCO HEALTH PAC

Mailing Address **591 REDWOOD HIGHWAY
BUILDING 4000**

City

MILL VALLEY

State

CA

Zip Code

94941-3039

FEC ID number of contributing federal political committee.

C C00384362

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738502

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MICROSOFT CORPORATION PAC

Mailing Address **16011 NE 36TH WAY**

City

REDMOND

State

WA

Zip Code

98052-6301

FEC ID number of contributing federal political committee.

C C00227546

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738508

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

45000.00

TOTAL This Period (last page this line number only)

10020170596

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 590 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MORTGAGE BANKERS OF AMERICA PAC 'MOR-PAC'

Mailing Address **1919 PENNSYLVANIA AVENUE, NW**

City State Zip Code
WASHINGTON DC 20006-3400

FEC ID number of contributing federal political committee. **C C00004812**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738493

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
NATIONAL ACTIVE & RETIRED FED. EMP. ASSN. PAC

Mailing Address **606 N WASHINGTON ST**

City State Zip Code
ALEXANDRIA VA 22314-1914

FEC ID number of contributing federal political committee. **C C00091561**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738495

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS 'HUPAC'

Mailing Address **2000 N. 14TH STREET
SUITE 450**

City State Zip Code
ARLINGTON VA 22201-2506

FEC ID number of contributing federal political committee. **C C00283135**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738525

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

45000.00

TOTAL This Period (last page this line number only)

10020170597

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 591 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF REALTORS PAC</p> <p>Mailing Address 430 N MICHIGAN AVENUE</p> <p>City CHICAGO State IL Zip Code 60611-4011</p> <p>FEC ID number of contributing federal political committee. C C00030718</p> <p>Name of Employer _____ Occupation _____</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 15000.00</p>	<p>Date of Receipt 01 / 27 / 2010</p> <p>Transaction ID: SA11.8738531</p> <p>Amount of Each Receipt this Period 15000.00</p> <p>CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) NATIONAL AUTOMOBILE DEALERS ASSN 'DEALERS ELECTION ACTION CM</p> <p>Mailing Address 8400 WESTPARK DRIVE</p> <p>City MCLEAN State VA Zip Code 22102-5116</p> <p>FEC ID number of contributing federal political committee. C C00040998</p> <p>Name of Employer _____ Occupation _____</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 15000.00</p>	<p>Date of Receipt 01 / 28 / 2010</p> <p>Transaction ID: SA11.8745176</p> <p>Amount of Each Receipt this Period 15000.00</p> <p>CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) NATIONAL COMMUNITY PHARMACISTS ASSOCIATION</p> <p>Mailing Address 100 DAINGERFIELD ROAD</p> <p>City ALEXANDRIA State VA Zip Code 22314-6302</p> <p>FEC ID number of contributing federal political committee. C C00030809</p> <p>Name of Employer _____ Occupation _____</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 15000.00</p>	<p>Date of Receipt 01 / 27 / 2010</p> <p>Transaction ID: SA11.8738524</p> <p>Amount of Each Receipt this Period 15000.00</p> <p>CONTRIBUTION</p>
<p>SUBTOTAL of Receipts This Page (optional) ▶ 45000.00</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

10020170598

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 592 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
NATIONAL RURAL LETTERS CARRIERS ASSOCIATION 'NRLCA' PAC
Mailing Address **1630 DUKE ST**

City State Zip Code
ALEXANDRIA VA 22314-3426

FEC ID number of contributing federal political committee. **C C00072025**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

01 / 15 / 2010

Transaction ID: SA11.8683166

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY PAC
Mailing Address **601 THIRTEENTH STREET, NW
SUITE 600**

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

01 / 27 / 2010

Transaction ID: SA11.8738511

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
NORFOLK SOUTHERN GOOD GOVERNMENT FUND PAC
Mailing Address **3 COMMERCIAL PLACE**

City State Zip Code
NORFOLK VA 23510-2108

FEC ID number of contributing federal political committee. **C C00009282**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

01 / 27 / 2010

Transaction ID: SA11.8738533

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

45000.00

TOTAL This Period (last page this line number only)

10020170599

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 593 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
PRAXAIR PAC

Mailing Address P.O. BOX 2958

City State Zip Code
DANBURY CT 06813

FEC ID number of contributing federal political committee. **C** C00283440

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738539

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
PROPERTY CASUALTY INSURERS ASSN OF AMERICA PAC 'PCI-PAC'

Mailing Address 2600 S RIVER RD

City State Zip Code
DES PLAINES IL 60018-3203

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: SA11.8681895

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
TENN PAC

Mailing Address 1130 8TH AVENUE, S

City State Zip Code
NASHVILLE TN 37203-4724

FEC ID number of contributing federal political committee. **C** C00388421

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2010

Transaction ID: SA11.8747203

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **35000.00**

TOTAL This Period (last page this line number only)

10020170600

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 594 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THE ALAMO PAC

Mailing Address **816 CONGRESS AVE**

City

AUSTIN

State

TX

Zip Code

78701-2475

FEC ID number of contributing
federal political committee.

C C00387464

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2010

Transaction ID: SA11.8692373

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

THE HAWKEYE PAC

Mailing Address **PO BOX 7255**

City

DES MOINES

State

IA

Zip Code

50309-7255

FEC ID number of contributing
federal political committee.

C C00379479

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11.8666744

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

THE NEW REPUBLICAN MAJORITY FUND PAC

Mailing Address **P.O. BOX 53176**

City

WASHINGTON

State

DC

Zip Code

20009

FEC ID number of contributing
federal political committee.

C C00219220

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11.8738532

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

45000.00

TOTAL This Period (last page this line number only)

10020170601

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 595 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
TRAVELPORT PAC

Mailing Address **400 INTERPACE PARKWAY
BUILDING A**

City **PARSIPPANY** State **NJ** Zip Code **07054-1120**

FEC ID number of contributing federal political committee. **C** **C00425603**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

01 / 27 / 2010

Transaction ID: **SA11.8738519**

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
UNITED SERVICES AUTOMOBILE ASSN. EMPLOYEE USAA PAC

Mailing Address **1455 F STREET, NW
SUITE 420**

City **WASHINGTON** State **DC** Zip Code **20004-1166**

FEC ID number of contributing federal political committee. **C** **C00164145**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

01 / 27 / 2010

Transaction ID: **SA11.8738500**

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
UNITED TECHNOLOGIES UTC EMPLOYEE PAC

Mailing Address **1 FINANCIAL PLAZA**

City **HARTFORD** State **CT** Zip Code **06103-2608**

FEC ID number of contributing federal political committee. **C** **C00035683**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

01 / 27 / 2010

Transaction ID: **SA11.8738489**

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

45000.00

TOTAL This Period (last page this line number only)

10020170602

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 596 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS GOOD GOVERNMENT CLUB PAC

Mailing Address **1300 EYE STREET, NW
SUITE 400, WEST**

City State Zip Code
WASHINGTON DC 20005-3314

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

01 / 27 / 2010

Transaction ID: SA11.8738497

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
WAL-MART PAC FOR RESPONSIBLE GOV'T 'WAL'PAC'

Mailing Address **702 SW 8TH STREET**

City State Zip Code
BENTONVILLE AR 72716-6209

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

01 / 29 / 2010

Transaction ID: SA11.8747200

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

30000.00

TOTAL This Period (last page this line number only)

831600.00

10020170603

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 597 / 689

(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input checked="" 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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
SENATE HOUSE DINNER 2009

Mailing Address **PO BOX 365**

City State Zip Code
MCLEAN VA 22314

FEC ID number of contributing federal political committee. **C00459321**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1309.39

Date of Receipt

01 / 19 / 2010

Transaction ID: SA12SHD-1

Amount of Each Receipt this Period

1309.39

TRANSFER FROM AUTHORIZED COMMITTEE

SUBTOTAL of Receipts This Page (optional)

1309.39

TOTAL This Period (last page this line number only)

1309.39

10020170604

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 598 / 689

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
UCC PLUS

Mailing Address
8TH FLOOR

City State Zip Code
CHICAGO IL 60601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4808.40

Date of Receipt

01 / 07 / 2010

Transaction ID: SA15-0.000079

Amount of Each Receipt this Period

40.00

INSURANCE

B.

Full Name (Last, First, Middle Initial)
UCC PLUS

Mailing Address
8TH FLOOR

City State Zip Code
CHICAGO IL 60601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4808.40

Date of Receipt

01 / 20 / 2010

Transaction ID: SA15-0.000081

Amount of Each Receipt this Period

4768.40

INSURANCE

C.

Full Name (Last, First, Middle Initial)
US POSTAL SERVICE

Mailing Address **ACCOUNTING SERVICE CENTER**

City State Zip Code
EAGAN MN 55121-9640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
33001.18

Date of Receipt

01 / 19 / 2010

Transaction ID: SA15-0.000080

Amount of Each Receipt this Period

2007.00

POSTAGE

SUBTOTAL of Receipts This Page (optional)

6815.40

TOTAL This Period (last page this line number only)

6815.40

10020170605

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 599 / 689						
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) JAY BANNING	Transaction ID: SB21-0.004651																			
	Mailing Address 2127 CALIFORNIA ST, NW	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	3	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	1	3	/	2	0	1	0												
	City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period <table border="1"><tr><td>115.60</td></tr></table>	115.60																		
115.60																					
	Purpose of Disbursement TRAVEL	Category/ Type <table border="1"><tr><td> </td></tr></table>																			
	Candidate Name																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) JAY BANNING	Transaction ID: SB21-0.004821																			
	Mailing Address 2127 CALIFORNIA ST, NW	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	8	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	2	8	/	2	0	1	0												
	City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period <table border="1"><tr><td>76.73</td></tr></table>	76.73																		
76.73																					
	Purpose of Disbursement FOOD/BEVERAGE	Category/ Type <table border="1"><tr><td> </td></tr></table>																			
	Candidate Name																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) CAROLINE BAUM	Transaction ID: SB21-0.004601																			
	Mailing Address 425 2ND ST., NE	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	5	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	1	5	/	2	0	1	0												
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period <table border="1"><tr><td>1377.85</td></tr></table>	1377.85																		
1377.85																					
	Purpose of Disbursement PAYROLL	Category/ Type <table border="1"><tr><td> </td></tr></table>																			
	Candidate Name																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1570.18</td></tr></table>	1570.18
1570.18		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

10020170606

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 600 / 689

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CAROLINE BAUM

Transaction ID: SB21-0.004652
Date of Disbursement

Mailing Address 425 2ND ST., NE

MM / DD / YYYY
01 / 13 / 2010

City State Zip Code
WASHINGTON DC 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL

21.95

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
CAROLINE BAUM

Transaction ID: SB21-0.004759
Date of Disbursement

Mailing Address 425 2ND ST., NE

MM / DD / YYYY
01 / 29 / 2010

City State Zip Code
WASHINGTON DC 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

1377.85

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
RANDALL BUMPS

Transaction ID: SB21-0.004615
Date of Disbursement

Mailing Address 425 2ND ST., NE

MM / DD / YYYY
01 / 15 / 2010

City State Zip Code
WASHINGTON DC 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

5295.93

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6695.73

TOTAL This Period (last page this line number only)

10020170607

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 601 / 689
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) RANDALL BUMPS	Transaction ID: SB21-0.004654
	Mailing Address 425 2ND ST., NE	Date of Disbursement MM / DD / YYYY 01 / 13 / 2010
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 29.95
	Purpose of Disbursement PHONE EXPENSE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) RANDALL BUMPS	Transaction ID: SB21-0.004773
	Mailing Address 425 2ND ST., NE	Date of Disbursement MM / DD / YYYY 01 / 29 / 2010
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 5295.93
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) MARK BUSSE	Transaction ID: SB21-0.004622
	Mailing Address 425 2ND ST., NE	Date of Disbursement MM / DD / YYYY 01 / 15 / 2010
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 506.87
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5832.75
TOTAL This Period (last page this line number only)	

10020170608

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 602 / 689						
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MARK BUSSE

Transaction ID: SB21-0.004780
Date of Disbursement
01 / 29 / 2010

Mailing Address **425 2ND ST., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PAYROLL

Amount of Each Disbursement this Period
506.87

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
SEAN CAIRNCROSS

Transaction ID: SB21-0.004608
Date of Disbursement
01 / 15 / 2010

Mailing Address **425 2ND ST., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PAYROLL

Amount of Each Disbursement this Period
4535.98

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
SEAN CAIRNCROSS

Transaction ID: SB21-0.004655
Date of Disbursement
01 / 13 / 2010

Mailing Address **425 2ND ST., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
FOOD/BEVERAGE

Amount of Each Disbursement this Period
68.14

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ **5110.99**

TOTAL This Period (last page this line number only) ▶

10020170609

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 603 / 689						
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) SEAN CAIRNCROSS	Transaction ID: SB21-0.004766
	Mailing Address 425 2ND ST., NE	Date of Disbursement MM / DD / YYYY 01 / 29 / 2010
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 4535.98
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) DEIRDRE CARSON	Transaction ID: SB21-0.004659
	Mailing Address 19 TOKANEL DR.	Date of Disbursement MM / DD / YYYY 01 / 13 / 2010
	City LONDONDERRY State NH Zip Code 03053	Amount of Each Disbursement this Period 612.62
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) KEITH CARTER	Transaction ID: SB21-0.004612
	Mailing Address 425 2ND ST., NE	Date of Disbursement MM / DD / YYYY 01 / 15 / 2010
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 2157.42
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	7306.02
TOTAL This Period (last page this line number only)	

10020170610

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 604 / 689
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial) KEITH CARTER		Transaction ID: SB21-0.004770	
Mailing Address 425 2ND ST., NE		Date of Disbursement MM / DD / YYYY 01 / 29 / 2010	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 2157.42
Purpose of Disbursement PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

B.

Full Name (Last, First, Middle Initial) TIFFANY DINEEN		Transaction ID: SB21-0.004640	
Mailing Address 425 2ND ST., NE		Date of Disbursement MM / DD / YYYY 01 / 15 / 2010	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1373.01
Purpose of Disbursement PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

C.

Full Name (Last, First, Middle Initial) TIFFANY DINEEN		Transaction ID: SB21-0.004798	
Mailing Address 425 2ND ST., NE		Date of Disbursement MM / DD / YYYY 01 / 29 / 2010	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1373.01
Purpose of Disbursement PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	4903.44
TOTAL This Period (last page this line number only)	

10020170611

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 605 / 689	
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) LIAM DONOVAN	Transaction ID: SB21-0.004641
	Mailing Address 425 2ND ST., NE	Date of Disbursement <input type="text"/> / <input type="text"/> / <input type="text"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period <input type="text"/>
	Purpose of Disbursement PAYROLL	<input type="text"/>
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) LIAM DONOVAN	Transaction ID: SB21-0.004799
	Mailing Address 425 2ND ST., NE	Date of Disbursement <input type="text"/> / <input type="text"/> / <input type="text"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period <input type="text"/>
	Purpose of Disbursement PAYROLL	<input type="text"/>
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) CAROLINE DUKE	Transaction ID: SB21-0.004620
	Mailing Address 425 2ND ST., NE	Date of Disbursement <input type="text"/> / <input type="text"/> / <input type="text"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period <input type="text"/>
	Purpose of Disbursement PAYROLL	<input type="text"/>
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

10020170612

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CAROLINE DUKE

Transaction ID: SB21-0.004778
Date of Disbursement

Mailing Address 425 2ND ST., NE

/ /

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
PAULA DUKES

Transaction ID: SB21-0.004609
Date of Disbursement

Mailing Address 425 2ND ST., NE

/ /

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
PAULA DUKES

Transaction ID: SB21-0.004767
Date of Disbursement

Mailing Address 425 2ND ST., NE

/ /

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

10020170613

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 607 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAULA DUKES

Transaction ID: SB21-0.004845

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Mailing Address **425 2ND ST., NE**

Amount of Each Disbursement this Period

135.63

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
TRAVEL

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

RICHARD DUNN

Transaction ID: SB21-0.004616

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	0

Mailing Address **425 2ND ST., NE**

Amount of Each Disbursement this Period

2830.78

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PAYROLL

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

RICHARD DUNN

Transaction ID: SB21-0.004774

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	0

Mailing Address **425 2ND ST., NE**

Amount of Each Disbursement this Period

2830.78

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PAYROLL

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5797.19

TOTAL This Period (last page this line number only)

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) GABRIELLE EVERETT</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB21-0.004637 Date of Disbursement 01 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2255.93</p>
<p>B. Full Name (Last, First, Middle Initial) GABRIELLE EVERETT</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB21-0.004796 Date of Disbursement 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2255.93</p>
<p>C. Full Name (Last, First, Middle Initial) NATALIE GILLAM</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB21-0.004629 Date of Disbursement 01 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1279.74</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		5791.60
<p>TOTAL This Period (last page this line number only)</p>		

10020170615

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 609 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
NATALIE GILLAM

Transaction ID: SB21-0.004787
Date of Disbursement

Mailing Address 425 2ND ST., NE

/ /

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
CORTLYNN GOODGE

Transaction ID: SB21-0.004602
Date of Disbursement

Mailing Address 425 2ND ST., NE

/ /

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
CORTLYNN GOODGE

Transaction ID: SB21-0.004760
Date of Disbursement

Mailing Address 425 2ND ST., NE

/ /

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

10020170616

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 610 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
LAUREN GRIFFIN

Mailing Address 425 2ND ST., NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21-0.004611
Date of Disbursement 01 / 15 / 2010

Amount of Each Disbursement this Period 1329.27

Category/Type

B. Full Name (Last, First, Middle Initial)
LAUREN GRIFFIN

Mailing Address 425 2ND ST., NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21-0.004769
Date of Disbursement 01 / 29 / 2010

Amount of Each Disbursement this Period 1329.27

Category/Type

C. Full Name (Last, First, Middle Initial)
KATHRYN HARBATH

Mailing Address 425 2ND ST., NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21-0.004598
Date of Disbursement 01 / 15 / 2010

Amount of Each Disbursement this Period 2540.31

Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5198.85

TOTAL This Period (last page this line number only) ▶

10020170617

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 611 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) KATHRYN HARBATH</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.004756 Date of Disbursement 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2540.31</p>
<p>B. Full Name (Last, First, Middle Initial) CARIN HOWARD</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.004614 Date of Disbursement 01 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 935.18</p>
<p>C. Full Name (Last, First, Middle Initial) CARIN HOWARD</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.004772 Date of Disbursement 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 935.18</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 4410.67</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

10020170618

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) ROBERT JESMER	Transaction ID: SB21-0.004597
	Mailing Address 425 2ND ST., NE	Date of Disbursement MM / DD / YYYY 01 / 15 / 2010
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 6497.74
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ROBERT JESMER	Transaction ID: SB21-0.004668
	Mailing Address 425 2ND ST., NE	Date of Disbursement MM / DD / YYYY 01 / 13 / 2010
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 1226.64
	Purpose of Disbursement TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) ROBERT JESMER	Transaction ID: SB21-0.004755
	Mailing Address 425 2ND ST., NE	Date of Disbursement MM / DD / YYYY 01 / 29 / 2010
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 6465.90
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	14190.28
TOTAL This Period (last page this line number only)	

10020170619

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 613 / 689
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial) DANIEL KAYEDE		Transaction ID: SB21-0.004613	
Mailing Address 425 2ND ST., NE		Date of Disbursement MM / DD / YYYY 01 / 15 / 2010	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1184.01
Purpose of Disbursement PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

B.

Full Name (Last, First, Middle Initial) DANIEL KAYEDE		Transaction ID: SB21-0.004771	
Mailing Address 425 2ND ST., NE		Date of Disbursement MM / DD / YYYY 01 / 29 / 2010	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1184.01
Purpose of Disbursement PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

C.

Full Name (Last, First, Middle Initial) AMY LEEDECKE		Transaction ID: SB21-0.004628	
Mailing Address 425 2ND ST., NE		Date of Disbursement MM / DD / YYYY 01 / 15 / 2010	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 2127.27
Purpose of Disbursement PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	4495.29
TOTAL This Period (last page this line number only)	

10020170620

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 614 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) AMY LEEDECKE</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21-0.004786</p> <p>Date of Disbursement 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2127.27</p>
<p>B. Full Name (Last, First, Middle Initial) AMY LEEDECKE</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21-0.004861</p> <p>Date of Disbursement 01 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 602.36</p>
<p>C. Full Name (Last, First, Middle Initial) ERIC LIVINGSTON</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21-0.004599</p> <p>Date of Disbursement 01 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2378.65</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 5108.28</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

10020170621

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ERIC LIVINGSTON

Transaction ID: SB21-0.004757

Date of Disbursement

/ /

Mailing Address **425 2ND ST., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

JENNA LOWY

Transaction ID: SB21-0.004605

Date of Disbursement

/ /

Mailing Address **425 2ND ST., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

JENNA LOWY

Transaction ID: SB21-0.004763

Date of Disbursement

/ /

Mailing Address **425 2ND ST., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 616 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
VALERIE MACK

Transaction ID: SB21-0.004626
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M M / D D / Y Y Y Y
01 / 15 / 2010

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

1440.13

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
VALERIE MACK

Transaction ID: SB21-0.004784
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M M / D D / Y Y Y Y
01 / 29 / 2010

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

1440.13

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
VALERIE MACK

Transaction ID: SB21-0.004863
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M M / D D / Y Y Y Y
01 / 28 / 2010

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL

425.54

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3305.80

TOTAL This Period (last page this line number only)

10020170623

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MEREDITH MANGUM

Transaction ID: SB21-0.004634

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	0

Mailing Address **425 2ND ST., NE**

Amount of Each Disbursement this Period

1040.41

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PAYROLL

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

MEREDITH MANGUM

Transaction ID: SB21-0.004670

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	0

Mailing Address **425 2ND ST., NE**

Amount of Each Disbursement this Period

61.05

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PHONE EXPENSE

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

MEREDITH MANGUM

Transaction ID: SB21-0.004803

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	0

Mailing Address **425 2ND ST., NE**

Amount of Each Disbursement this Period

1040.41

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PAYROLL

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2141.87

TOTAL This Period (last page this line number only)

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 618 / 689						
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) AMBER MARCHAND	Transaction ID: SB21-0.004621																			
	Mailing Address 425 2ND ST., NE	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	5	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	1	5	/	2	0	1	0												
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period <table border="1"><tr><td>2</td><td>5</td><td>1</td><td>8</td><td>.</td><td>9</td><td>8</td></tr></table>	2	5	1	8	.	9	8												
2	5	1	8	.	9	8															
	Purpose of Disbursement PAYROLL	Category/ Type <table border="1"><tr><td> </td></tr></table>																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																				

B.	Full Name (Last, First, Middle Initial) AMBER MARCHAND	Transaction ID: SB21-0.004779																			
	Mailing Address 425 2ND ST., NE	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	9	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	2	9	/	2	0	1	0												
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period <table border="1"><tr><td>2</td><td>5</td><td>1</td><td>8</td><td>.</td><td>9</td><td>8</td></tr></table>	2	5	1	8	.	9	8												
2	5	1	8	.	9	8															
	Purpose of Disbursement PAYROLL	Category/ Type <table border="1"><tr><td> </td></tr></table>																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																				

C.	Full Name (Last, First, Middle Initial) CATHERINE MARCUCCI	Transaction ID: SB21-0.004607																			
	Mailing Address 425 2ND ST., NE	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	5	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	1	5	/	2	0	1	0												
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period <table border="1"><tr><td>1</td><td>1</td><td>0</td><td>9</td><td>.</td><td>3</td><td>0</td></tr></table>	1	1	0	9	.	3	0												
1	1	0	9	.	3	0															
	Purpose of Disbursement PAYROLL	Category/ Type <table border="1"><tr><td> </td></tr></table>																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>6</td><td>1</td><td>4</td><td>7</td><td>.</td><td>2</td><td>6</td></tr></table>	6	1	4	7	.	2	6
6	1	4	7	.	2	6		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>							

10020170625

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 619 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CATHERINE MARCUCCI

Transaction ID: SB21-0.004765

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	0

Mailing Address **425 2ND ST., NE**

Amount of Each Disbursement this Period

1109.30

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PAYROLL

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

CARA MASON

Transaction ID: SB21-0.004639

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	0

Mailing Address **425 2ND ST., NE**

Amount of Each Disbursement this Period

2302.26

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PAYROLL

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

CARA MASON

Transaction ID: SB21-0.004701

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	0

Mailing Address **425 2ND ST., NE**

Amount of Each Disbursement this Period

85.00

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PHONE EXPENSE

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3496.56

TOTAL This Period (last page this line number only)

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10020170626

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)							PAGE 620 / 689
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) CARA MASON	Transaction ID: SB21-0.004800
	Mailing Address 425 2ND ST., NE	Date of Disbursement MM / DD / YYYY 01 / 29 / 2010
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 2302.26
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RYAN MCKEON	Transaction ID: SB21-0.004624
	Mailing Address 425 2ND ST., NE	Date of Disbursement MM / DD / YYYY 01 / 15 / 2010
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 1303.80
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RYAN MCKEON	Transaction ID: SB21-0.004702
	Mailing Address 425 2ND ST., NE	Date of Disbursement MM / DD / YYYY 01 / 14 / 2010
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 71.70
	Purpose of Disbursement TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3677.76
TOTAL This Period (last page this line number only)	

10020170627

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 621 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
RYAN MCKEON

Transaction ID: SB21-0.004782
Date of Disbursement

Mailing Address **425 2ND ST., NE**

/ /

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

1303.80

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
RYAN MCKEON

Transaction ID: SB21-0.004869
Date of Disbursement

Mailing Address **425 2ND ST., NE**

/ /

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL

495.01

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
MARK MCLAUGHLIN

Transaction ID: SB21-0.004623
Date of Disbursement

Mailing Address **425 2ND ST., NE**

/ /

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

1242.38

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3041.19

TOTAL This Period (last page this line number only)

10020170628

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 622 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARK MCLAUGHLIN

Transaction ID: SB21-0.004703

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2010

Mailing Address 425 2ND ST., NE

Amount of Each Disbursement this Period

103.70

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
TRAVEL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

MARK MCLAUGHLIN

Transaction ID: SB21-0.004781

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2010

Mailing Address 425 2ND ST., NE

Amount of Each Disbursement this Period

1242.38

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
PAYROLL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

MARK MCLAUGHLIN

Transaction ID: SB21-0.004870

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2010

Mailing Address 425 2ND ST., NE

Amount of Each Disbursement this Period

302.40

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
TRAVEL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1648.48

TOTAL This Period (last page this line number only)

10020170629

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 623 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
JAMIE MCWRIGHT

Transaction ID: SB21-0.004600
Date of Disbursement

Mailing Address 425 2ND ST., NE

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	0

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

1562.55

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
JAMIE MCWRIGHT

Transaction ID: SB21-0.004758
Date of Disbursement

Mailing Address 425 2ND ST., NE

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	0

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

1562.55

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
JAMIE MCWRIGHT

Transaction ID: SB21-0.004871
Date of Disbursement

Mailing Address 425 2ND ST., NE

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL

77.11

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3202.21

TOTAL This Period (last page this line number only)

10020170630

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 624 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
JOHN MILAM

Transaction ID: SB21-0.004726
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	0

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

892.24

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
JOHN MILAM

Transaction ID: SB21-0.004788
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	0

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

962.80

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
SEAN MILLER

Transaction ID: SB21-0.004604
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	0

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

3417.40

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5272.44

TOTAL This Period (last page this line number only)

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10020170631

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 625 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) SEAN MILLER</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.004762 Date of Disbursement 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 3417.40</p>
<p>B. Full Name (Last, First, Middle Initial) DORINDA MOSS</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.004633 Date of Disbursement 01 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 4749.29</p>
<p>C. Full Name (Last, First, Middle Initial) DORINDA MOSS</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.004793 Date of Disbursement 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 4793.10</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 12959.79</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

10020170632

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 626 / 689						
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) VICTORIA NEWTON	Transaction ID: SB21-0.004627																			
	Mailing Address 425 2ND ST., NE	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	5	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	1	5	/	2	0	1	0												
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period <table border="1"><tr><td>2</td><td>7</td><td>8</td><td>3</td><td>.</td><td>1</td><td>0</td></tr></table>	2	7	8	3	.	1	0												
2	7	8	3	.	1	0															
	Purpose of Disbursement PAYROLL	Category/ Type <table border="1"><tr><td> </td></tr></table>																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President																				
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

B.	Full Name (Last, First, Middle Initial) VICTORIA NEWTON	Transaction ID: SB21-0.004785																			
	Mailing Address 425 2ND ST., NE	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	9	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	2	9	/	2	0	1	0												
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period <table border="1"><tr><td>2</td><td>7</td><td>8</td><td>3</td><td>.</td><td>1</td><td>0</td></tr></table>	2	7	8	3	.	1	0												
2	7	8	3	.	1	0															
	Purpose of Disbursement PAYROLL	Category/ Type <table border="1"><tr><td> </td></tr></table>																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President																				
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) KEVIN NIEHAUS	Transaction ID: SB21-0.004638																			
	Mailing Address 425 2ND ST., NE	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	5	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	1	5	/	2	0	1	0												
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period <table border="1"><tr><td>2</td><td>8</td><td>2</td><td>5</td><td>.</td><td>6</td><td>8</td></tr></table>	2	8	2	5	.	6	8												
2	8	2	5	.	6	8															
	Purpose of Disbursement PAYROLL	Category/ Type <table border="1"><tr><td> </td></tr></table>																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President																				
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>8</td><td>3</td><td>9</td><td>1</td><td>.</td><td>8</td><td>8</td></tr></table>	8	3	9	1	.	8	8
8	3	9	1	.	8	8		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>							

10020170633

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 627 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
KEVIN NIEHAUS

Transaction ID: SB21-0.004672
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	0

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PHONE EXPENSE

Category/ Type

96.91

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
KEVIN NIEHAUS

Transaction ID: SB21-0.004797
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	0

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Category/ Type

2825.68

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
WILLIAM OZANUS

Transaction ID: SB21-0.004603
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	0

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Category/ Type

2388.80

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

5311.39

TOTAL This Period (last page this line number only)

10020170634

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 628 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
WILLIAM OZANUS

Mailing Address **425 2ND ST., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: **SB21-0.004761**
Date of Disbursement
01 / 29 / 2010

Amount of Each Disbursement this Period
2388.80

Category/Type

B. Full Name (Last, First, Middle Initial)
ALYSSA RAMIREZ

Mailing Address **425 2ND ST., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: **SB21-0.004610**
Date of Disbursement
01 / 15 / 2010

Amount of Each Disbursement this Period
952.00

Category/Type

C. Full Name (Last, First, Middle Initial)
ALYSSA RAMIREZ

Mailing Address **425 2ND ST., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: **SB21-0.004768**
Date of Disbursement
01 / 29 / 2010

Amount of Each Disbursement this Period
952.00

Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ **4292.80**

TOTAL This Period (last page this line number only) ▶

10020170635

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 629 / 689						
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) COLLIN REED	Transaction ID: SB21-0.004618
	Mailing Address 425 2ND ST., NE	Date of Disbursement MM / DD / YYYY 01 / 15 / 2010
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 1586.94
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) COLLIN REED	Transaction ID: SB21-0.004776
	Mailing Address 425 2ND ST., NE	Date of Disbursement MM / DD / YYYY 01 / 29 / 2010
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 1586.94
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) MICHAEL REED	Transaction ID: SB21-0.004625
	Mailing Address 425 2ND ST., NE	Date of Disbursement MM / DD / YYYY 01 / 15 / 2010
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 1524.38
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	4698.26
TOTAL This Period (last page this line number only)	

10020170636

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 630 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MICHAEL REED

Transaction ID: SB21-0.004783
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	0

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

1524.38

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
MICHAEL REED

Transaction ID: SB21-0.004879
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL

1833.39

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
MAIANNE SAHL

Transaction ID: SB21-0.004642
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	0

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

4866.52

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

8224.29

TOTAL This Period (last page this line number only)

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10020170637

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 631 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MAIANNE SAHL

Transaction ID: SB21-0.004801
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	0

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

4913.48

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
AUSTIN SHERRILL

Transaction ID: SB21-0.004631
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	0

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

1243.95

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
AUSTIN SHERRILL

Transaction ID: SB21-0.004791
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	0

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

1243.95

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

7401.38

TOTAL This Period (last page this line number only)

--

10020170638

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 632 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
AUSTIN SHERRILL

Transaction ID: SB21-0.004881
Date of Disbursement

Mailing Address 425 2ND ST., NE

M M / D D / Y Y Y Y
01 / 28 / 2010

City State Zip Code
WASHINGTON DC 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL

296.12

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
BENJAMIN SPARKS

Transaction ID: SB21-0.004630
Date of Disbursement

Mailing Address 425 2ND ST., NE

M M / D D / Y Y Y Y
01 / 15 / 2010

City State Zip Code
WASHINGTON DC 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

1463.48

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
BENJAMIN SPARKS

Transaction ID: SB21-0.004790
Date of Disbursement

Mailing Address 425 2ND ST., NE

M M / D D / Y Y Y Y
01 / 29 / 2010

City State Zip Code
WASHINGTON DC 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

1463.48

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3223.08

TOTAL This Period (last page this line number only)

10020170639

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 633 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	<p>Full Name (Last, First, Middle Initial) BENJAMIN SPARKS</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.004827 Date of Disbursement 01 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 209.99</p>
B.	<p>Full Name (Last, First, Middle Initial) KERRY STOCKWELL</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.004632 Date of Disbursement 01 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1237.76</p>
C.	<p>Full Name (Last, First, Middle Initial) KERRY STOCKWELL</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.004792 Date of Disbursement 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1237.76</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>2685.51</p>
<p>TOTAL This Period (last page this line number only)</p>		

10020170640

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
KERRY STOCKWELL

Transaction ID: SB21-0.004893
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	8		2	0	1	0		

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
FOOD/BEVERAGE

994.56

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
JENNIFER STONG

Transaction ID: SB21-0.004596
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	5		2	0	1	0		

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

1284.35

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
JENNIFER STONG

Transaction ID: SB21-0.004754
Date of Disbursement

Mailing Address **425 2ND ST., NE**

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	9		2	0	1	0		

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

1289.92

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3568.83

TOTAL This Period (last page this line number only)

3568.83

10020170641

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 635 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DOLLY TROLLEY

Transaction ID: SB21-0.004643
Date of Disbursement

Mailing Address **425 2ND ST., NE**

/ /

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
DOLLY TROLLEY

Transaction ID: SB21-0.004805
Date of Disbursement

Mailing Address **425 2ND ST., NE**

/ /

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
DAVID VITTER

Transaction ID: SB21-0.004680
Date of Disbursement

Mailing Address **425 2ND ST., NE**

/ /

City **WASHINGTON** State **DC** Zip Code **70005**

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

10020170642

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 636 / 689
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
BRIAN WALSH

Mailing Address **425 2ND ST., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: **SB21-0.004619**
Date of Disbursement
01 / 15 / 2010

Amount of Each Disbursement this Period
3575.17

Category/Type

B.

Full Name (Last, First, Middle Initial)
BRIAN WALSH

Mailing Address **425 2ND ST., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: **SB21-0.004777**
Date of Disbursement
01 / 29 / 2010

Amount of Each Disbursement this Period
3575.17

Category/Type

C.

Full Name (Last, First, Middle Initial)
KATHERINE WALSH

Mailing Address **425 2ND ST., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: **SB21-0.004636**
Date of Disbursement
01 / 15 / 2010

Amount of Each Disbursement this Period
2754.49

Category/Type

SUBTOTAL of Disbursements This Page (optional) **9904.83**

TOTAL This Period (last page this line number only)

10020170643

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 637 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
KATHERINE WALSH

Transaction ID: SB21-0.004795
Date of Disbursement
M M / D D / Y Y Y Y Y Y
01 / 29 / 2010

Mailing Address **425 2ND ST., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement **PAYROLL** Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
2754.49

B. Full Name (Last, First, Middle Initial)
KATHERINE WALSH

Transaction ID: SB21-0.004891
Date of Disbursement
M M / D D / Y Y Y Y Y Y
01 / 28 / 2010

Mailing Address **425 2ND ST., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement **TRAVEL** Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
474.71

C. Full Name (Last, First, Middle Initial)
CHRISTINE B WELSER

Transaction ID: SB21-0.004606
Date of Disbursement
M M / D D / Y Y Y Y Y Y
01 / 15 / 2010

Mailing Address **425 2ND ST., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement **PAYROLL** Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
1926.57

SUBTOTAL of Disbursements This Page (optional) **5155.77**

TOTAL This Period (last page this line number only)

10020170644

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 638 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CHRISTINE B WELSER</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.004764</p> <p>Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1926.57</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) JEFFREY WERNING</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.004646</p> <p>Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1061.95</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) JEFFREY WERNING</p> <p>Mailing Address 425 2ND ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.004794</p> <p>Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1061.95</p>	
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>4050.47</p>
<p>TOTAL This Period (last page this line number only)</p>		<p></p>

16020170645

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 639 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
LAUREN WILLIAMS

Mailing Address **425 2ND ST., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement **PAYROLL**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: **SB21-0.004617**
Date of Disbursement **01 / 15 / 2010**

Amount of Each Disbursement this Period
1134.04

B. Full Name (Last, First, Middle Initial)
LAUREN WILLIAMS

Mailing Address **425 2ND ST., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement **PAYROLL**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: **SB21-0.004775**
Date of Disbursement **01 / 29 / 2010**

Amount of Each Disbursement this Period
1410.30

C. Full Name (Last, First, Middle Initial)
ABILENE AERO

Mailing Address **2850 AIRPORT BLVD.**

City **ABILENE** State **TX** Zip Code **79602**

Purpose of Disbursement **TRAVEL**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: **SB21-0.004819**
Date of Disbursement **01 / 28 / 2010**

Amount of Each Disbursement this Period
497.81

SUBTOTAL of Disbursements This Page (optional) **3042.15**

TOTAL This Period (last page this line number only) **3042.15**

10020170646

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 640 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Full Name (Last, First, Middle Initial) ADMINISTAFF		Transaction ID: SB21-0.004644	
Mailing Address 19001 CRESCENT SPRINGS		Date of Disbursement	
City KINGSWOOD State TX Zip Code 77339		MM / DD / YYYY 01 / 15 / 2010	
Purpose of Disbursement PAYROLL SERVICE/PAYROLL TAXES		Amount of Each Disbursement this Period	
Candidate Name		79704.54	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
State: District:			

Full Name (Last, First, Middle Initial) ADMINISTAFF		Transaction ID: SB21-0.004727	
Mailing Address 19001 CRESCENT SPRINGS		Date of Disbursement	
City KINGSWOOD State TX Zip Code 77339		MM / DD / YYYY 01 / 19 / 2010	
Purpose of Disbursement PAYROLL SERVICE/PAYROLL TAXES		Amount of Each Disbursement this Period	
Candidate Name		644.67	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
State: District:			

Full Name (Last, First, Middle Initial) ADMINISTAFF		Transaction ID: SB21-0.004809	
Mailing Address 19001 CRESCENT SPRINGS		Date of Disbursement	
City KINGSWOOD State TX Zip Code 77339		MM / DD / YYYY 01 / 29 / 2010	
Purpose of Disbursement PAYROLL SERVICE/PAYROLL TAXES		Amount of Each Disbursement this Period	
Candidate Name		78682.38	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	159031.59
TOTAL This Period (last page this line number only)	

10020170647

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 641 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ALLIED WASTE SERVICES

Transaction ID: SB21-0.004687
Date of Disbursement

Mailing Address **PO BOX 9001099**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	0

City **LOUISVILLE** State **KY** Zip Code **40290-1099**

Amount of Each Disbursement this Period

Purpose of Disbursement
MAINTENANCE
Candidate Name

<input type="checkbox"/>	Category/ Type
--------------------------	-------------------

1100.82

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Transaction ID: SB21-0.004575
Date of Disbursement

Mailing Address **P.O. BOX 53852**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	0

City **PHOENIX** State **AZ** Zip Code **85072**

Amount of Each Disbursement this Period

Purpose of Disbursement
BANK FEE
Candidate Name

<input type="checkbox"/>	Category/ Type
--------------------------	-------------------

1.58

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Transaction ID: SB21-0.004579
Date of Disbursement

Mailing Address **P.O. BOX 53852**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	0

City **PHOENIX** State **AZ** Zip Code **85072**

Amount of Each Disbursement this Period

Purpose of Disbursement
BANK FEE
Candidate Name

<input type="checkbox"/>	Category/ Type
--------------------------	-------------------

1328.58

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

2430.98

TOTAL This Period (last page this line number only)

--

10020170648

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Transaction ID: SB21-0.004581

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	0

Mailing Address P.O. BOX 53852

Amount of Each Disbursement this Period

5936.07

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
BANK FEE

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Transaction ID: SB21-0.004585

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	0

Mailing Address P.O. BOX 53852

Amount of Each Disbursement this Period

4.95

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
BANK FEE

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Transaction ID: SB21-0.004586

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	0

Mailing Address P.O. BOX 53852

Amount of Each Disbursement this Period

1447.20

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
BANK FEE

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

7388.22

TOTAL This Period (last page this line number only)

--

10020170649

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address **P.O. BOX 1270**

City **NEWARK** State **NJ** Zip Code **07101-1270**

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: **SB21-0.004647**

Date of Disbursement

M M / D D / Y Y Y Y
01 / 13 / 2010

Amount of Each Disbursement this Period

3796.50

Category/
Type

B.

Full Name (Last, First, Middle Initial)

DREAMHOST.COM

Mailing Address **PMB #257
417 ASSOCIATED RD.**

City **BREA** State **CA** Zip Code **92821**

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: **SB21-0.005290**

Date of Disbursement

M M / D D / Y Y Y Y
01 / 13 / 2010

Amount of Each Disbursement this Period

9.95

Category/
Type

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FACEBOOK.COM

Mailing Address **156 UNIVERSITY AVE.**

City **PALO ALTO** State **CA** Zip Code **94301**

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: **SB21-0.005286**

Date of Disbursement

M M / D D / Y Y Y Y
01 / 13 / 2010

Amount of Each Disbursement this Period

1250.00

Category/
Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

3796.50

TOTAL This Period (last page this line number only)

10020170650

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)							PAGE 644 / 689
	<input checked="" type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) GOOGLE, INC.	Transaction ID: SB21-0.005288
	Mailing Address 1600 AMPHITHEATRE PKWY.	Date of Disbursement MM / DD / YYYY 01 / 13 / 2010
	City MOUNTAIN VIEW State CA Zip Code 94043	Amount of Each Disbursement this Period 2536.55
	Purpose of Disbursement WEB SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21-0.004648
	Mailing Address P.O. BOX 1270	Date of Disbursement MM / DD / YYYY 01 / 13 / 2010
	City NEWARK State NJ Zip Code 07101-1270	Amount of Each Disbursement this Period 465.05
	Purpose of Disbursement CREDIT CARD PAYMENT	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) WHOLE FOODS MARKET	Transaction ID: SB21-0.005284
	Mailing Address 1440 P ST., NW	Date of Disbursement MM / DD / YYYY 01 / 13 / 2010
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 465.05
	Purpose of Disbursement FOOD/BEVERAGE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	465.05
TOTAL This Period (last page this line number only)	

10020170651

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)							PAGE 645 / 689			
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) ART & FRAMING LLC	Transaction ID: SB21-0.004649
	Mailing Address 2026 P ST., NW	Date of Disbursement MM / DD / YYYY 01 / 13 / 2010
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 38.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

B.	Full Name (Last, First, Middle Initial) AT & T MOBILITY	Transaction ID: SB21-0.004688
	Mailing Address P.O. BOX 6463	Date of Disbursement MM / DD / YYYY 01 / 14 / 2010
City CAROL STREAM	State IL	Zip Code 60197
Purpose of Disbursement PHONE SERVICE	Candidate Name	Amount of Each Disbursement this Period 188.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

C.	Full Name (Last, First, Middle Initial) AT & T MOBILITY	Transaction ID: SB21-0.004689
	Mailing Address P.O. BOX 6463	Date of Disbursement MM / DD / YYYY 01 / 14 / 2010
City CAROL STREAM	State IL	Zip Code 60197
Purpose of Disbursement PHONE SERVICE	Candidate Name	Amount of Each Disbursement this Period 53.64
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

SUBTOTAL of Disbursements This Page (optional)	280.74
TOTAL This Period (last page this line number only)	

10020170652

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 646 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
AUTHORIZE.NET CORP.

Mailing Address 915 SOUTH 500 EAST
SUITE 200

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21-0.004721
Date of Disbursement 01 / 14 / 2010

Amount of Each Disbursement this Period 9.95

Category/Type

B. Full Name (Last, First, Middle Initial)
AUTUMN E-MEDIA

Mailing Address P.O. BOX 371553

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21-0.004690
Date of Disbursement 01 / 14 / 2010

Amount of Each Disbursement this Period 3000.00

Category/Type

C. Full Name (Last, First, Middle Initial)
AVAYA, INC.

Mailing Address PO BOX 1379

City RAYMOND State MS Zip Code 39154

Purpose of Disbursement PHONE SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21-0.004650
Date of Disbursement 01 / 13 / 2010

Amount of Each Disbursement this Period 445.44

Category/Type

SUBTOTAL of Disbursements This Page (optional) 3455.39

TOTAL This Period (last page this line number only)

10020170653

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AVAYA, INC.		Transaction ID: SB21-0.004691 Date of Disbursement <input type="text" value="01"/> <input type="text" value="14"/> / <input type="text" value="2010"/>	
Mailing Address PO BOX 1379		Amount of Each Disbursement this Period <input type="text" value="601.27"/>	
City RAYMOND State MS Zip Code 39154	Purpose of Disbursement PHONE SERVICE		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Candidate Name	Category/ Type		

B. Full Name (Last, First, Middle Initial) BANNING ASSOCIATES		Transaction ID: SB21-0.004692 Date of Disbursement <input type="text" value="01"/> <input type="text" value="14"/> / <input type="text" value="2010"/>	
Mailing Address 900 MERIDIAN AVE.		Amount of Each Disbursement this Period <input type="text" value="12083.33"/>	
City MIAMI BEACH State FL Zip Code 33139	Purpose of Disbursement COMPLIANCE CONSULTING		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Candidate Name	Category/ Type		

C. Full Name (Last, First, Middle Initial) BECKY HAMILL		Transaction ID: SB21-0.004823 Date of Disbursement <input type="text" value="01"/> <input type="text" value="28"/> / <input type="text" value="2010"/>	
Mailing Address 1433 FOXHALL ROAD, NW		Amount of Each Disbursement this Period <input type="text" value="6475.00"/>	
City WASHINGTON State DC Zip Code 20007	Purpose of Disbursement CATERING		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Candidate Name	Category/ Type		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="19159.60"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

10020170654

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 648 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
BELTWAY HAULING LLC

Transaction ID: SB21-0.004825
Date of Disbursement

Mailing Address **3620 SWANN RD.**

/ /

City **SUITLAND** State **MD** Zip Code **20746**

Amount of Each Disbursement this Period

Purpose of Disbursement
MAINTENANCE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
BOLAND SERVICES

Transaction ID: SB21-0.004653
Date of Disbursement

Mailing Address **30 WEST WATKINS MILL RD.**

/ /

City **GAITHERSBURG** State **MD** Zip Code **20878**

Amount of Each Disbursement this Period

Purpose of Disbursement
MAINTENANCE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
CAMPAIGN SOLUTIONS

Transaction ID: SB21-0.004590
Date of Disbursement

Mailing Address **118 NORTH ST. ASAPH ST.**

/ /

City **ALEXANDRIA** State **VA** Zip Code **22314**

Amount of Each Disbursement this Period

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 649 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CAPITAL ANTENNA CO., INC.

Transaction ID: SB21-0.004656
Date of Disbursement

Mailing Address **5720 LAFAYETTE PLACE**

M M / D D / Y Y Y Y
01 / 13 / 2010

City **HYATTSVILLE** State **MD** Zip Code **20781**

Amount of Each Disbursement this Period

Purpose of Disbursement
MAINTENANCE

74.20

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
CAPITAL CONSULTING, INC.

Transaction ID: SB21-0.004731
Date of Disbursement

Mailing Address **1010 CANTERBURY LN.**

M M / D D / Y Y Y Y
01 / 21 / 2010

City **LA PLATA** State **MD** Zip Code **20646**

Amount of Each Disbursement this Period

Purpose of Disbursement
COMPUTER SUPPORT

1400.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
CAPITOL HILL CLUB

Transaction ID: SB21-0.004730
Date of Disbursement

Mailing Address **300 1ST ST., SE**

M M / D D / Y Y Y Y
01 / 21 / 2010

City **WASHINGTON** State **DC** Zip Code **20003**

Amount of Each Disbursement this Period

Purpose of Disbursement
FOOD/BEVERAGE

35.05

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1509.25

TOTAL This Period (last page this line number only)

10020170656

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 650 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK, N.A.		Transaction ID: SB21-0.004725 Date of Disbursement MM / DD / YYYY 01 / 15 / 2010	
Mailing Address 1445-A LAUGHLIN AVE.		Amount of Each Disbursement this Period 4893.86	
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement BANK FEE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

B. Full Name (Last, First, Middle Initial) CIRCULAR ADVERTISING CO., INC.		Transaction ID: SB21-0.004555 Date of Disbursement MM / DD / YYYY 01 / 04 / 2010	
Mailing Address 99 RAY ROAD		Amount of Each Disbursement this Period 152408.39	
City BALTIMORE State MD Zip Code 21227	Purpose of Disbursement POSTAGE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

C. Full Name (Last, First, Middle Initial) CLOCKWORK SYSTEMS		Transaction ID: SB21-0.004833 Date of Disbursement MM / DD / YYYY 01 / 28 / 2010	
Mailing Address 6001 GLOSTER RD.		Amount of Each Disbursement this Period 3136.99	
City BETHESDA State MD Zip Code 20816	Purpose of Disbursement LIST MANAGEMENT SERVICE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional)	160439.24
TOTAL This Period (last page this line number only)	[]

10020170657

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 651 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CMDI

Transaction ID: SB21-0.004835
Date of Disbursement

Mailing Address 7704 LEESBURG PIKE

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

City FALLS CHURCH State VA Zip Code 22043

Amount of Each Disbursement this Period

Purpose of Disbursement
DATA ENTRY SERVICE

1214.48

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
COMM. CORP. OF AMERICA

Transaction ID: SB21-0.004588
Date of Disbursement

Mailing Address 13195 FREEDOM WAY

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	0

City BOSTON State VA Zip Code 22713

Amount of Each Disbursement this Period

Purpose of Disbursement
POSTAGE

16012.02

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
COMM. CORP. OF AMERICA

Transaction ID: SB21-0.004831
Date of Disbursement

Mailing Address 13195 FREEDOM WAY

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

City BOSTON State VA Zip Code 22713

Amount of Each Disbursement this Period

Purpose of Disbursement
PRINTING

67822.67

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

85049.17

TOTAL This Period (last page this line number only)

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10020170658

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 652 / 689
<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b
<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING COMPANY OF VIRGINIA	Transaction ID: SB21-0.004658
	Mailing Address PO BOX 365	Date of Disbursement MM / DD / YYYY 01 / 13 / 2010
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CONGRESSIONAL EXXON	Transaction ID: SB21-0.004663
	Mailing Address 200 MASSACHUSETTS AVE. NE	Date of Disbursement MM / DD / YYYY 01 / 13 / 2010
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 55.54
	Purpose of Disbursement TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CONRAD DIRECT, INC.	Transaction ID: SB21-0.004837
	Mailing Address 300 KNICKERBOCKER ROAD	Date of Disbursement MM / DD / YYYY 01 / 28 / 2010
	City CRESSKILL State NJ Zip Code 07626	Amount of Each Disbursement this Period 14600.04
	Purpose of Disbursement LIST RENTAL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	19655.58
TOTAL This Period (last page this line number only)	

10020170659

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 653 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CORRINE LOVAS		Transaction ID: SB21-0.004657 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	1		1	3		2	0	1	0		
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
0	1		1	3		2	0	1	0																		
Mailing Address 7197 W. MARIPOSA GRANDE LN.		Amount of Each Disbursement this Period <table border="1"> <tr> <td>26215.00</td> </tr> </table>		26215.00																							
26215.00																											
City PEORIA State AZ Zip Code 85383	Purpose of Disbursement FINANCE CONSULTING		Category/ Type																								
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																									
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																											

B. Full Name (Last, First, Middle Initial) D.C. TREASURER		Transaction ID: SB21-0.003833 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	1		2	8		2	0	1	0		
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
0	1		2	8		2	0	1	0																		
Mailing Address OFFICE OF TAX AND REVENUE PO BOX 96384		Amount of Each Disbursement this Period <table border="1"> <tr> <td>-875.00</td> </tr> </table>		-875.00																							
-875.00																											
City WASHINGTON State DC Zip Code 20090	Purpose of Disbursement VOID CHECK		Category/ Type																								
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																									
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																											

C. Full Name (Last, First, Middle Initial) D.C. TREASURER		Transaction ID: SB21-0.004693 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	1		1	4		2	0	1	0		
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
0	1		1	4		2	0	1	0																		
Mailing Address OFFICE OF TAX AND REVENUE PO BOX 96384		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1500.00</td> </tr> </table>		1500.00																							
1500.00																											
City WASHINGTON State DC Zip Code 20090	Purpose of Disbursement TAXES		Category/ Type																								
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																									
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																											

SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>26840.00</td> </tr> </table>	26840.00
26840.00		
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>	

10020170660

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial) D.C. TREASURER		Transaction ID: SB21-0.004841 Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 28 / 2010
Mailing Address OFFICE OF TAX AND REVENUE PO BOX 96384		Amount of Each Disbursement this Period 825.00
City WASHINGTON	State DC	
Zip Code 20090		Category/ Type
Purpose of Disbursement TAXES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. Full Name (Last, First, Middle Initial) DC WATER AND SEWER AUTHORITY		Transaction ID: SB21-0.004660 Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 13 / 2010
Mailing Address BILLING AND COLLECTION DIV. POST OFFICE BOX 97200		Amount of Each Disbursement this Period 169.96
City WASHINGTON	State DC	
Zip Code 20090-7200		Category/ Type
Purpose of Disbursement UTILITIES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C. Full Name (Last, First, Middle Initial) DISH NETWORK		Transaction ID: SB21-0.004661 Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 13 / 2010
Mailing Address DEPT 0063		Amount of Each Disbursement this Period 160.64
City PALATINE	State IL	
Zip Code 60055-0063		Category/ Type
Purpose of Disbursement UTILITIES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1155.60
TOTAL This Period (last page this line number only)	[]

10020170661

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 655 / 689
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) DISH NETWORK	Transaction ID: SB21-0.004901
	Mailing Address DEPT 0063	Date of Disbursement MM / DD / YYYY 01 / 28 / 2010
	City PALATINE State IL Zip Code 60055-0063	Amount of Each Disbursement this Period 165.64
	Purpose of Disbursement UTILITIES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ELECTRIC MOTOR CO.	Transaction ID: SB21-0.004662
	Mailing Address 9100 YELLOW BRICK RD.	Date of Disbursement MM / DD / YYYY 01 / 13 / 2010
	City ROSEDALE State MD Zip Code 21237	Amount of Each Disbursement this Period 1235.31
	Purpose of Disbursement MAINTENANCE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) ELECTRIC MOTOR CO.	Transaction ID: SB21-0.004846
	Mailing Address 9100 YELLOW BRICK RD.	Date of Disbursement MM / DD / YYYY 01 / 28 / 2010
	City ROSEDALE State MD Zip Code 21237	Amount of Each Disbursement this Period 477.18
	Purpose of Disbursement MAINTENANCE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	1878.13
TOTAL This Period (last page this line number only)	

10020170662

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 656 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ERIN BRADBURY

Transaction ID: SB21-0.004694
Date of Disbursement

Mailing Address **4560 STRUTFIELD LANE
#1407**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	0

City **ALEXANDRIA** State **VA** Zip Code **22311**

Amount of Each Disbursement this Period

Purpose of Disbursement
FINANCE CONSULTING

4000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
ESTECH

Transaction ID: SB21-0.004732
Date of Disbursement

Mailing Address **7617 LITTLE RIVER TURNPIKE
SUITE 400**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	0

City **ANNANDALE** State **VA** Zip Code **22003**

Amount of Each Disbursement this Period

Purpose of Disbursement
SECURITY SERVICE

399.56

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
ESTECH

Transaction ID: SB21-0.004847
Date of Disbursement

Mailing Address **7617 LITTLE RIVER TURNPIKE
SUITE 400**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

City **ANNANDALE** State **VA** Zip Code **22003**

Amount of Each Disbursement this Period

Purpose of Disbursement
SECURITY SERVICE

2002.59

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6402.15

TOTAL This Period (last page this line number only)

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial) FEDERAL EXPRESS Mailing Address PO BOX 371461 City PITTSBURGH State PA Zip Code 15250-7461 Purpose of Disbursement DELIVERY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.004665 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	1		1	3		2	0	1	0		
	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y													
0	1		1	3		2	0	1	0																
Amount of Each Disbursement this Period <table border="1"> <tr> <td>1522.89</td> </tr> </table> Category/Type <input type="checkbox"/>	1522.89																								
1522.89																									

B. Full Name (Last, First, Middle Initial) FEDERAL EXPRESS Mailing Address PO BOX 371461 City PITTSBURGH State PA Zip Code 15250-7461 Purpose of Disbursement DELIVERY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.004695 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	1		1	4		2	0	1	0		
	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y													
0	1		1	4		2	0	1	0																
Amount of Each Disbursement this Period <table border="1"> <tr> <td>230.91</td> </tr> </table> Category/Type <input type="checkbox"/>	230.91																								
230.91																									

C. Full Name (Last, First, Middle Initial) FEDERAL EXPRESS Mailing Address PO BOX 371461 City PITTSBURGH State PA Zip Code 15250-7461 Purpose of Disbursement DELIVERY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.004734 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	1		2	1		2	0	1	0		
	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y													
0	1		2	1		2	0	1	0																
Amount of Each Disbursement this Period <table border="1"> <tr> <td>320.11</td> </tr> </table> Category/Type <input type="checkbox"/>	320.11																								
320.11																									

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td>2073.91</td> </tr> </table>	2073.91
2073.91		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td></td> </tr> </table>	

10020170664

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 658 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. FEDERAL EXPRESS Full Name (Last, First, Middle Initial) Mailing Address PO BOX 371461 City PITTSBURGH State PA Zip Code 15250-7461 Purpose of Disbursement DELIVERY Candidate Name _____		Transaction ID: SB21-0.004851 Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 28 / 2010 Amount of Each Disbursement this Period 116.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Category/Type <input type="checkbox"/>	

B. FIDELITY POWER SYSTEMS Full Name (Last, First, Middle Initial) Mailing Address 25 LOVETON CIRCLE P.O. BOX 2500 City SPARKS State MD Zip Code 21152 Purpose of Disbursement MAINTENANCE Candidate Name _____		Transaction ID: SB21-0.004666 Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 13 / 2010 Amount of Each Disbursement this Period 281.64
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Category/Type <input type="checkbox"/>	

C. FLS CONNECT Full Name (Last, First, Middle Initial) Mailing Address 7300 HUDSON BLVD. SUITE 270 City ST. PAUL State MN Zip Code 55128 Purpose of Disbursement FUNDRAISING PHONE CALLS Candidate Name _____		Transaction ID: SB21-0.004664 Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 13 / 2010 Amount of Each Disbursement this Period 14590.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Category/Type <input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional)	14988.39
TOTAL This Period (last page this line number only)	

10020170665

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)							PAGE 659 / 689			
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) FLS CONNECT	Transaction ID: SB21-0.004717																			
	Mailing Address 7300 HUDSON BLVD. SUITE 270	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	4	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	1	4	/	2	0	1	0												
	City ST. PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period <table border="1"><tr><td>6</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	6	0	0	0	0	0	0	0	0	0									
6	0	0	0	0	0	0	0	0	0												
	Purpose of Disbursement FUNDRAISING PHONE CALLS	Category/ Type <table border="1"><tr><td> </td></tr></table>																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																				

B.	Full Name (Last, First, Middle Initial) FLS CONNECT	Transaction ID: SB21-0.004733																			
	Mailing Address 7300 HUDSON BLVD. SUITE 270	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	1	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	2	1	/	2	0	1	0												
	City ST. PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period <table border="1"><tr><td>3</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	3	0	0	0	0	0	0	0	0	0									
3	0	0	0	0	0	0	0	0	0												
	Purpose of Disbursement FUNDRAISING PHONE CALLS	Category/ Type <table border="1"><tr><td> </td></tr></table>																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																				

C.	Full Name (Last, First, Middle Initial) FLS CONNECT	Transaction ID: SB21-0.004849																			
	Mailing Address 7300 HUDSON BLVD. SUITE 270	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	8	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	2	8	/	2	0	1	0												
	City ST. PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period <table border="1"><tr><td>3</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	3	0	0	0	0	0	0	0	0	0									
3	0	0	0	0	0	0	0	0	0												
	Purpose of Disbursement FUNDRAISING PHONE CALLS	Category/ Type <table border="1"><tr><td> </td></tr></table>																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1</td><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	1	2	0	0	0	0	0	0	0	0
1	2	0	0	0	0	0	0	0	0		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

10020170666

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 660 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRAGER'S HARDWARE

Transaction ID: SB21-0.004667

Date of Disbursement

/ /

Mailing Address **1115 PENNSYLVANIA AVE. SE**

Amount of Each Disbursement this Period

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement
EQUIPMENT/BLDG. SUPPLIES PURCHASE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

FRAGER'S HARDWARE

Transaction ID: SB21-0.004853

Date of Disbursement

/ /

Mailing Address **1115 PENNSYLVANIA AVE. SE**

Amount of Each Disbursement this Period

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement
EQUIPMENT/BLDG. SUPPLIES PURCHASE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

GEORGETOWN MARKET

Transaction ID: SB21-0.004813

Date of Disbursement

/ /

Mailing Address **201 MASSACHUSETSS AVE., NE
#5A**

Amount of Each Disbursement this Period

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
EQUIPMENT/BLDG. SUPPLIES PURCHASE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

10020170667

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 661 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
GEORGETOWN MARKET

Transaction ID: SB21-0.004855
Date of Disbursement

Mailing Address **201 MASSACHUSETSS AVE., NE
#5A**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

City **WASHINGTON** State **DC** Zip Code **20002**

Amount of Each Disbursement this Period

Purpose of Disbursement
EQUIPMENT/BLDG. SUPPLIES PURCHASE

365.70

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
GLOBAL PAYMENTS

Transaction ID: SB21-0.004577
Date of Disbursement

Mailing Address **20780 IRIS DRIVE**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	0

City **POTOMAC FALLS** State **VA** Zip Code **20165**

Amount of Each Disbursement this Period

Purpose of Disbursement
BANK FEE

110.19

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
GUARDIAN FIRE PROTECTION

Transaction ID: SB21-0.004735
Date of Disbursement

Mailing Address **227 E. DEER PARK DRIVE**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	0

City **GAITHERSBURG** State **MD** Zip Code **20877**

Amount of Each Disbursement this Period

Purpose of Disbursement
MAINTENANCE

128.08

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

603.97

TOTAL This Period (last page this line number only)

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10020170668

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial) HOON DESIGNS		Transaction ID: SB21-0.004859 Date of Disbursement M M / D D / Y Y Y Y Y Y 0 1 / 2 8 / 2 0 1 0	
Mailing Address 1915-B CHAIN BRIDGE RD. 529		Amount of Each Disbursement this Period 1200.00	
City MCLEAN State VA Zip Code 22102	Purpose of Disbursement PRINTING		
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) JOE RAGAN'S COFFEE		Transaction ID: SB21-0.004669 Date of Disbursement M M / D D / Y Y Y Y Y Y 0 1 / 1 3 / 2 0 1 0	
Mailing Address POST OFFICE BOX 125		Amount of Each Disbursement this Period 475.10	
City SPRINGFIELD State VA Zip Code 22150	Purpose of Disbursement OFFICE SUPPLIES		
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) JOE RAGAN'S COFFEE		Transaction ID: SB21-0.004697 Date of Disbursement M M / D D / Y Y Y Y Y Y 0 1 / 1 4 / 2 0 1 0	
Mailing Address POST OFFICE BOX 125		Amount of Each Disbursement this Period 586.01	
City SPRINGFIELD State VA Zip Code 22150	Purpose of Disbursement OFFICE SUPPLIES		
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2261.11
TOTAL This Period (last page this line number only) ▶

10020170669

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 663 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOE RAGAN'S COFFEE

Transaction ID: SB21-0.004736
Date of Disbursement
MM / DD / YYYY
01 / 21 / 2010

Mailing Address **POST OFFICE BOX 125**

City **SPRINGFIELD** State **VA** Zip Code **22150**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Amount of Each Disbursement this Period
553.33

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B. Full Name (Last, First, Middle Initial)
JUST-RITE EQUIPMENT

Transaction ID: SB21-0.004839
Date of Disbursement
MM / DD / YYYY
01 / 28 / 2010

Mailing Address **P.O. BOX 414746**

City **BOSTON** State **MA** Zip Code **02241-4746**

Purpose of Disbursement
MAINTENANCE

Candidate Name

Amount of Each Disbursement this Period
543.77

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C. Full Name (Last, First, Middle Initial)
KONE, INC.

Transaction ID: SB21-0.004698
Date of Disbursement
MM / DD / YYYY
01 / 14 / 2010

Mailing Address **PO BOX 429**

City **MOLINE** State **IL** Zip Code **61266-0429**

Purpose of Disbursement
MAINTENANCE

Candidate Name

Amount of Each Disbursement this Period
1207.51

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ **2304.61**

TOTAL This Period (last page this line number only) ▶

10020170670

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
LIBERTY SERVICES, INC.

Transaction ID: SB21-0.004699
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	4		2	0	1	0		

Mailing Address **13172 OAK FARM DRIVE**

City **WOODBIDGE** State **VA** Zip Code **22192**

Purpose of Disbursement
MAINTENANCE

Candidate Name _____ Category/Type _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: _____ District: _____

Amount of Each Disbursement this Period
3430.00

B. Full Name (Last, First, Middle Initial)
LYRIS TECHNOLOGIES, INC.

Transaction ID: SB21-0.004737
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	1		2	0	1	0		

Mailing Address **P.O. BOX 49023**

City **SAN JOSE** State **CA** Zip Code **95161**

Purpose of Disbursement
WEB SERVICE

Candidate Name _____ Category/Type _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: _____ District: _____

Amount of Each Disbursement this Period
54398.64

C. Full Name (Last, First, Middle Initial)
MACON CONSULTING

Transaction ID: SB21-0.004700
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	4		2	0	1	0		

Mailing Address **P.O. BOX 3962**

City **GREENVILLE** State **NC** Zip Code **27836**

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name _____ Category/Type _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: _____ District: _____

Amount of Each Disbursement this Period
1520.00

SUBTOTAL of Disbursements This Page (optional) **59348.64**

TOTAL This Period (last page this line number only) **59348.64**

10020170671

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 666 / 689

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MDI IMAGING AND MAIL		Transaction ID: SB21-0.004752 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	1		2	6		2	0	1	0		
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
0	1		2	6		2	0	1	0																		
Mailing Address 21955 CASCADES PKWY.		Amount of Each Disbursement this Period <table border="1"> <tr> <td>93960.77</td> </tr> </table>		93960.77																							
93960.77																											
City DULLES State VA Zip Code 20166	Purpose of Disbursement POSTAGE		Category/ Type																								
Candidate Name																											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																										

B. Full Name (Last, First, Middle Initial) MERKLE RESPONSE SERVICES, INC.		Transaction ID: SB21-0.004739 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	1		2	1		2	0	1	0		
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
0	1		2	1		2	0	1	0																		
Mailing Address 100 JAMISON COURT		Amount of Each Disbursement this Period <table border="1"> <tr> <td>92743.92</td> </tr> </table>		92743.92																							
92743.92																											
City HAGERSTOWN State MD Zip Code 21740	Purpose of Disbursement BATCHING & CAGING		Category/ Type																								
Candidate Name																											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																										

C. Full Name (Last, First, Middle Initial) MK GROUP, LLC		Transaction ID: SB21-0.004671 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	1		1	3		2	0	1	0		
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
0	1		1	3		2	0	1	0																		
Mailing Address 5905 GLOSTER RD.		Amount of Each Disbursement this Period <table border="1"> <tr> <td>20000.00</td> </tr> </table>		20000.00																							
20000.00																											
City BETHESDA State MD Zip Code 20816	Purpose of Disbursement FINANCE CONSULTING		Category/ Type																								
Candidate Name																											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																										

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td>206704.69</td> </tr> </table>	206704.69
206704.69		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td></td> </tr> </table>	

10020178673

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)							PAGE 667 / 689			
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MK GROUP, LLC	Transaction ID: SB21-0.004704
	Mailing Address 5905 GLOSTER RD.	Date of Disbursement MM / DD / YYYY 01 / 14 / 2010
	City BETHESDA State MD Zip Code 20816	Amount of Each Disbursement this Period 12500.00
	Purpose of Disbursement FINANCE CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) NEOPOST LEASING	Transaction ID: SB21-0.004705
	Mailing Address P.O. BOX 45800	Date of Disbursement MM / DD / YYYY 01 / 14 / 2010
	City SAN FRANCISCO State CA Zip Code 94145-0822	Amount of Each Disbursement this Period 710.20
	Purpose of Disbursement EQUIPMENT RENTAL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) PACIFIC FUNDRAISING GROUP	Transaction ID: SB21-0.004673
	Mailing Address 2208 29TH ST. SUITE 300	Date of Disbursement MM / DD / YYYY 01 / 13 / 2010
	City SACRAMENTO State CA Zip Code 95817	Amount of Each Disbursement this Period 11600.00
	Purpose of Disbursement FINANCE CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	24810.20
TOTAL This Period (last page this line number only)	

10020170674

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
PAYMENT SOLUTIONS, INC.

Transaction ID: SB21-0.004674
Date of Disbursement

Mailing Address P.O. BOX 30217

/ /

City State Zip Code
BETHESDA MD 20824

Amount of Each Disbursement this Period

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
POTOMAC ELECTRIC POWER CO.

Transaction ID: SB21-0.004684
Date of Disbursement

Mailing Address P O BOX 4863

/ /

City State Zip Code
TRENTON NJ 08650-4863

Amount of Each Disbursement this Period

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
POTOMAC ELECTRIC POWER CO.

Transaction ID: SB21-0.004873
Date of Disbursement

Mailing Address P O BOX 4863

/ /

City State Zip Code
TRENTON NJ 08650-4863

Amount of Each Disbursement this Period

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

10020170675

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Full Name (Last, First, Middle Initial) A. PREFERRED COMMUNICATIONS		Transaction ID: SB21-0.004876 Date of Disbursement MM / DD / YYYY 01 / 28 / 2010	
Mailing Address 815 KING ST SUITE 209		Amount of Each Disbursement this Period 2863.02	
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement LIST RENTAL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. PUBLIC OPINION STRATEGIES		Transaction ID: SB21-0.004675 Date of Disbursement MM / DD / YYYY 01 / 13 / 2010	
Mailing Address 214 NORTH FAYETTE		Amount of Each Disbursement this Period 10000.00	
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. PUBLIC OPINION STRATEGIES		Transaction ID: SB21-0.004740 Date of Disbursement MM / DD / YYYY 01 / 21 / 2010	
Mailing Address 214 NORTH FAYETTE		Amount of Each Disbursement this Period 1600.00	
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional)	14463.02
TOTAL This Period (last page this line number only)	[]

10020170676

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
RESPONSE AMERICA, LLC

Transaction ID: SB21-0.004880
Date of Disbursement

Mailing Address **264 N. LUMPKIN ST.
#202**

M M / D D / Y Y Y Y
01 / 28 / 2010

City **ATHENS** State **GA** Zip Code **30601**

Amount of Each Disbursement this Period

Purpose of Disbursement
PRINTING

8839.28

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
RICH BEESON

Transaction ID: SB21-0.004741
Date of Disbursement

Mailing Address **7500 EAST SUNSET TRAIL**

M M / D D / Y Y Y Y
01 / 21 / 2010

City **PARKER** State **CO** Zip Code **80134**

Amount of Each Disbursement this Period

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

5000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
RSD

Transaction ID: SB21-0.004706
Date of Disbursement

Mailing Address **P.O. BOX 200670**

M M / D D / Y Y Y Y
01 / 14 / 2010

City **AUSTIN** State **TX** Zip Code **78720**

Amount of Each Disbursement this Period

Purpose of Disbursement
PRINTING

3336.11

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

17175.39

TOTAL This Period (last page this line number only)

10020170677

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) SOUTHWEST PUBLISHING	Transaction ID: SB21-0.004554
	Mailing Address 2600 NW TOPEKA BLVD	Date of Disbursement MM / DD / YYYY 01 / 04 / 2010
	City TOPEKA State KS Zip Code 66617	Amount of Each Disbursement this Period 15700.00
	Purpose of Disbursement POSTAGE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) SOUTHWEST PUBLISHING	Transaction ID: SB21-0.004751
	Mailing Address 2600 NW TOPEKA BLVD	Date of Disbursement MM / DD / YYYY 01 / 25 / 2010
	City TOPEKA State KS Zip Code 66617	Amount of Each Disbursement this Period 28493.77
	Purpose of Disbursement POSTAGE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) SPELNA, INC.	Transaction ID: SB21-0.004676
	Mailing Address 225 INDUSTRIAL COURT	Date of Disbursement MM / DD / YYYY 01 / 13 / 2010
	City FREDRICKSBURG State VA Zip Code 22408	Amount of Each Disbursement this Period 54.83
	Purpose of Disbursement DOCUMENT STORAGE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	44248.60
TOTAL This Period (last page this line number only)	

829920170678

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
SPELNA, INC.

Transaction ID: SB21-0.004882
Date of Disbursement

Mailing Address 225 INDUSTRIAL COURT

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	8		2	0	1	0		

City State Zip Code
FREDRICKSBURG VA 22408

Amount of Each Disbursement this Period

Purpose of Disbursement
DOCUMENT STORAGE

54.83

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
STATE OF ILLINOIS

Transaction ID: SB21-0.004883
Date of Disbursement

Mailing Address 500 S. 2ND ST.

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	8		2	0	1	0		

City State Zip Code
SPRINGFIELD IL 62706

Amount of Each Disbursement this Period

Purpose of Disbursement
PRINTING

7.80

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
STRATEGIC FUNDRAISING, INC.

Transaction ID: SB21-0.004716
Date of Disbursement

Mailing Address 2625 MOMENTUM PLACE

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	4		2	0	1	0		

City State Zip Code
CHICAGO IL 60689

Amount of Each Disbursement this Period

Purpose of Disbursement
FUNDRAISING PHONE CALLS

180000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

180062.63

TOTAL This Period (last page this line number only)

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10020170679

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
STRATEGIC FUNDRAISING, INC.

Transaction ID: SB21-0.004742
Date of Disbursement

Mailing Address **2625 MOMENTUM PLACE**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	0

City **CHICAGO** State **IL** Zip Code **60689**

Amount of Each Disbursement this Period

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Category/ Type

90000.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
STRATEGIC FUNDRAISING, INC.

Transaction ID: SB21-0.004885
Date of Disbursement

Mailing Address **2625 MOMENTUM PLACE**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

City **CHICAGO** State **IL** Zip Code **60689**

Amount of Each Disbursement this Period

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Category/ Type

90000.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
SUMMIT OPEN SYSTEMS, LLC

Transaction ID: SB21-0.004677
Date of Disbursement

Mailing Address **P.O. BOX 841**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	0

City **ARNOLD** State **MD** Zip Code **21012**

Amount of Each Disbursement this Period

Purpose of Disbursement
COMPUTER SUPPORT

Category/ Type

450.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

180450.00

TOTAL This Period (last page this line number only)

10020170680

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
SUMOTEXT

Transaction ID: SB21-0.004707
Date of Disbursement

Mailing Address **2100 RIVERDALE RD.
STE. 200**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	0

City **LITTLE ROCK** State **AR** Zip Code **72202**

Amount of Each Disbursement this Period

Purpose of Disbursement
COMPUTER SUPPORT

3500.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
THE HARTFORD

Transaction ID: SB21-0.004645
Date of Disbursement

Mailing Address **P.O. BOX 1583**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	0

City **HARTFORD** State **CT** Zip Code **06144-1583**

Amount of Each Disbursement this Period

Purpose of Disbursement
RETIREMENT SERVICES-401K

4750.95

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
THE HARTFORD

Transaction ID: SB21-0.004696
Date of Disbursement

Mailing Address **P.O. BOX 2907**

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	0

City **HARTFORD** State **CT** Zip Code **06104**

Amount of Each Disbursement this Period

Purpose of Disbursement
INSURANCE

918.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

9168.95

TOTAL This Period (last page this line number only)

10020170681

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)							PAGE 675 / 689
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) THE HARTFORD	Transaction ID: SB21-0.004807
	Mailing Address P.O. BOX 1583	Date of Disbursement MM / DD / YYYY 01 / 29 / 2010
	City HARTFORD State CT Zip Code 06144-1583	Amount of Each Disbursement this Period 4733.79
	Purpose of Disbursement RETIREMENT SERVICES-401K	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) THE POLLING COMPANY	Transaction ID: SB21-0.004875
	Mailing Address 1220 CONNECTICUT AVE., NW	Date of Disbursement MM / DD / YYYY 01 / 28 / 2010
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period 28600.00
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) THE TARRANCE GROUP	Transaction ID: SB21-0.004743
	Mailing Address 201 NORTH UNION SUITE 410	Date of Disbursement MM / DD / YYYY 01 / 21 / 2010
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 10680.00
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	44013.79
TOTAL This Period (last page this line number only)	

10020170682

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
TOWER AVIATION

Transaction ID: SB21-0.004887
Date of Disbursement
01 / 28 / 2010

Mailing Address 4309 GENERAL AVIATION AVE.

City AUSTIN State TX Zip Code 78719

Purpose of Disbursement TRAVEL
Candidate Name

Amount of Each Disbursement this Period
1451.25

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

B. Full Name (Last, First, Middle Initial)
UCC PLUS

Transaction ID: SB21-0.004678
Date of Disbursement
01 / 13 / 2010

Mailing Address 171 NORTH CLARK ST.
8TH FLOOR

City CHICAGO State IL Zip Code 60601

Purpose of Disbursement INSURANCE
Candidate Name

Amount of Each Disbursement this Period
4768.40

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

C. Full Name (Last, First, Middle Initial)
UCC PLUS

Transaction ID: SB21-0.004722
Date of Disbursement
01 / 07 / 2010

Mailing Address 171 NORTH CLARK ST.
8TH FLOOR

City CHICAGO State IL Zip Code 60601

Purpose of Disbursement INSURANCE
Candidate Name

Amount of Each Disbursement this Period
4768.40

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ 10988.05

TOTAL This Period (last page this line number only) ▶

10020170683

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 677 / 689						
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) UPSTREAM COMMUNICATIONS	Transaction ID: SB21-0.004708																			
	Mailing Address 1609 SHOAL CREEK BLVD. SUITE 203	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	4	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	1	4	/	2	0	1	0												
	City AUSTIN State TX Zip Code 78701	Amount of Each Disbursement this Period <table border="1"><tr><td>4</td><td>0</td><td>6</td><td>8</td><td>.</td><td>0</td><td>0</td></tr></table>	4	0	6	8	.	0	0												
4	0	6	8	.	0	0															
	Purpose of Disbursement COMPUTER SUPPORT	Category/ Type <table border="1"><tr><td> </td></tr></table>																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

B.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21-0.004556																			
	Mailing Address 900 BRENTWOOD RD NE	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	0	5	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	0	5	/	2	0	1	0												
	City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period <table border="1"><tr><td>2</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	2	5	0	0	.	0	0												
2	5	0	0	.	0	0															
	Purpose of Disbursement POSTAGE	Category/ Type <table border="1"><tr><td> </td></tr></table>																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21-0.004591																			
	Mailing Address 900 BRENTWOOD RD NE	Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	0	8	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	0	8	/	2	0	1	0												
	City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period <table border="1"><tr><td>2</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	2	5	0	0	.	0	0												
2	5	0	0	.	0	0															
	Purpose of Disbursement POSTAGE	Category/ Type <table border="1"><tr><td> </td></tr></table>																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>5</td><td>4</td><td>0</td><td>6</td><td>8</td><td>.</td><td>0</td><td>0</td></tr></table>	5	4	0	6	8	.	0	0
5	4	0	6	8	.	0	0		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>								

10020170584

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 678 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
US POSTMASTER

Transaction ID: SB21-0.004593
Date of Disbursement

Mailing Address **900 BRENTWOOD RD NE**

M M / D D / Y Y Y Y
01 / 12 / 2010

City **WASHINGTON** State **DC** Zip Code **20090**

Amount of Each Disbursement this Period

Purpose of Disbursement
POSTAGE

40000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
US POSTMASTER

Transaction ID: SB21-0.004709
Date of Disbursement

Mailing Address **900 BRENTWOOD RD NE**

M M / D D / Y Y Y Y
01 / 14 / 2010

City **WASHINGTON** State **DC** Zip Code **20090**

Amount of Each Disbursement this Period

Purpose of Disbursement
POSTAGE

4160.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
US POSTMASTER

Transaction ID: SB21-0.004710
Date of Disbursement

Mailing Address **900 BRENTWOOD RD NE**

M M / D D / Y Y Y Y
01 / 14 / 2010

City **WASHINGTON** State **DC** Zip Code **20090**

Amount of Each Disbursement this Period

Purpose of Disbursement
POSTAGE

5000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

49160.00

TOTAL This Period (last page this line number only)

10020170685

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 679 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
US POSTMASTER

Transaction ID: SB21-0.004750
Date of Disbursement

Mailing Address 900 BRENTWOOD RD NE

MM / DD / YYYY
01 / 25 / 2010

City State Zip Code
WASHINGTON DC 20090

Amount of Each Disbursement this Period

Purpose of Disbursement
POSTAGE

25000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
US POSTMASTER

Transaction ID: SB21-0.004815
Date of Disbursement

Mailing Address 900 BRENTWOOD RD NE

MM / DD / YYYY
01 / 27 / 2010

City State Zip Code
WASHINGTON DC 20090

Amount of Each Disbursement this Period

Purpose of Disbursement
POSTAGE

25000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
VARCO/MAC ELECTRICAL CONSTRUCTION

Transaction ID: SB21-0.004744
Date of Disbursement

Mailing Address 9010 JUNCTION DRIVE

MM / DD / YYYY
01 / 21 / 2010

City State Zip Code
ANNAPOLIS MD 20701

Amount of Each Disbursement this Period

Purpose of Disbursement
MAINTENANCE

1032.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

51032.00

TOTAL This Period (last page this line number only) ▶

10020170686

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) VERIZON</p> <p>Mailing Address PO BOX 660720</p> <p>City DALLAS State TX Zip Code 75266</p> <p>Purpose of Disbursement PHONE SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.004589</p> <p>Date of Disbursement MM / DD / YYYY 01 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 625.90</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) VERIZON</p> <p>Mailing Address PO BOX 660720</p> <p>City DALLAS State TX Zip Code 75266</p> <p>Purpose of Disbursement PHONE SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.004679</p> <p>Date of Disbursement MM / DD / YYYY 01 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 4096.82</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) VERIZON</p> <p>Mailing Address PO BOX 660720</p> <p>City DALLAS State TX Zip Code 75266</p> <p>Purpose of Disbursement COMPUTER SUPPORT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.004711</p> <p>Date of Disbursement MM / DD / YYYY 01 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 17452.56</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>22175.28</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		

10020170687

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
VERIZON

Mailing Address PO BOX 660720

City DALLAS State TX Zip Code 75266

Purpose of Disbursement PHONE SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21-0.004745
Date of Disbursement 01 / 21 / 2010

Amount of Each Disbursement this Period 1270.12

Category/Type

B. Full Name (Last, First, Middle Initial)
VERIZON WIRELESS

Mailing Address PO BOX 25505

City LEHIGH VALLEY State PA Zip Code 18002-5505

Purpose of Disbursement PHONE SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21-0.004712
Date of Disbursement 01 / 14 / 2010

Amount of Each Disbursement this Period 5671.91

Category/Type

C. Full Name (Last, First, Middle Initial)
W. MILLAR & CO.

Mailing Address 1335 14TH ST., NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21-0.004897
Date of Disbursement 01 / 28 / 2010

Amount of Each Disbursement this Period 592.44

Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7534.47

TOTAL This Period (last page this line number only) ▶

10020170688

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Full Name (Last, First, Middle Initial) WACHOVIA BANK		Transaction ID: SB21-0.004567 Date of Disbursement MM / DD / YYYY 01 / 04 / 2010	
Mailing Address 1753 PINNACLE DRIVE		Amount of Each Disbursement this Period 9026.88	
City MCLEAN	State VA	Zip Code 22102	Category/ Type
Purpose of Disbursement BANK FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) WACHOVIA BANK		Transaction ID: SB21-0.004573 Date of Disbursement MM / DD / YYYY 01 / 04 / 2010	
Mailing Address 1753 PINNACLE DRIVE		Amount of Each Disbursement this Period 4158.08	
City MCLEAN	State VA	Zip Code 22102	Category/ Type
Purpose of Disbursement BANK FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) WACHOVIA BANK		Transaction ID: SB21-0.004583 Date of Disbursement MM / DD / YYYY 01 / 04 / 2010	
Mailing Address 1753 PINNACLE DRIVE		Amount of Each Disbursement this Period 1377.48	
City MCLEAN	State VA	Zip Code 22102	Category/ Type
Purpose of Disbursement BANK FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	14562.44
TOTAL This Period (last page this line number only)	[]

10020170689

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 683 / 689
<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b
<input type="checkbox"/> 24	<input type="checkbox"/> 28c	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) WACHOVIA BANK	Transaction ID: SB21-0.004595
	Mailing Address 1753 PINNACLE DRIVE	Date of Disbursement MM / DD / YYYY 01 / 12 / 2010
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 235.43
	Purpose of Disbursement BANK FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WACKENHUT CORPORATION	Transaction ID: SB21-0.004682
	Mailing Address P.O. BOX 277469	Date of Disbursement MM / DD / YYYY 01 / 13 / 2010
	City ATLANTA State GA Zip Code 30384-7469	Amount of Each Disbursement this Period 1979.85
	Purpose of Disbursement SECURITY SERVICE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WACKENHUT CORPORATION	Transaction ID: SB21-0.004746
	Mailing Address P.O. BOX 277469	Date of Disbursement MM / DD / YYYY 01 / 21 / 2010
	City ATLANTA State GA Zip Code 30384-7469	Amount of Each Disbursement this Period 761.48
	Purpose of Disbursement SECURITY SERVICE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2976.76
TOTAL This Period (last page this line number only)	

10020170690

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) WACKENHUT CORPORATION	Transaction ID: SB21-0.004889
	Mailing Address P.O. BOX 277469	Date of Disbursement 01 / 28 / 2010
	City ATLANTA State GA Zip Code 30384-7469	Amount of Each Disbursement this Period 761.48
	Purpose of Disbursement SECURITY SERVICE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WASHINGTON GAS	Transaction ID: SB21-0.004747
	Mailing Address PO BOX 9001036	Date of Disbursement 01 / 21 / 2010
	City LOUISVILLE State KY Zip Code 40290-1036	Amount of Each Disbursement this Period 308.97
	Purpose of Disbursement UTILITIES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WESTERN PEST SERVICES	Transaction ID: SB21-0.004748
	Mailing Address 202 PERRY PARKWAY SUITE 2	Date of Disbursement 01 / 21 / 2010
	City GAITHERSBURG State MD Zip Code 20877	Amount of Each Disbursement this Period 130.50
	Purpose of Disbursement MAINTENANCE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1200.95
TOTAL This Period (last page this line number only)	

10020170691

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 685 / 689

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

XEROX CORPORATION

Transaction ID: SB21-0.004713

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2010

Mailing Address POST OFFICE BOX 827598

Amount of Each Disbursement this Period

1192.86

City State Zip Code
PHILADELPHIA PA 19182-7598

Purpose of Disbursement
EQUIPMENT RENTAL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

XEROX CORPORATION

Transaction ID: SB21-0.004749

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2010

Mailing Address POST OFFICE BOX 827598

Amount of Each Disbursement this Period

7273.38

City State Zip Code
PHILADELPHIA PA 19182-7598

Purpose of Disbursement
EQUIPMENT RENTAL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

XEROX CORPORATION

Transaction ID: SB21-0.004899

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2010

Mailing Address POST OFFICE BOX 827598

Amount of Each Disbursement this Period

1251.70

City State Zip Code
PHILADELPHIA PA 19182-7598

Purpose of Disbursement
EQUIPMENT RENTAL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

9717.94

TOTAL This Period (last page this line number only) ▶

10020170692

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
YUMA SOLUTIONS, INC.

Transaction ID: SB21-0.004714
Date of Disbursement

Mailing Address P.O. BOX 152075

M M / D D / Y Y Y Y
01 / 14 / 2010

City State Zip Code
TAMPA FL 33684

Amount of Each Disbursement this Period

12000.00

Purpose of Disbursement
COMPUTER SUPPORT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

2164100.31

10020170693

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 687 / 689

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MASSACHUSETTS REPUBLICAN PARTY

Transaction ID: SB22-0.004587
Date of Disbursement

Mailing Address 85 MERRIMAC ST.
SUITE 400

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	0

City State Zip Code
BOSTON MA 02114

Amount of Each Disbursement this Period

151900.00

Purpose of Disbursement
TRANSFER

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
MASSACHUSETTS REPUBLICAN PARTY

Transaction ID: SB22-0.004720
Date of Disbursement

Mailing Address 85 MERRIMAC ST.
SUITE 400

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	0

City State Zip Code
BOSTON MA 02114

Amount of Each Disbursement this Period

348100.00

Purpose of Disbursement
TRANSFER

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

500000.00

TOTAL This Period (last page this line number only)

500000.00

10020170694

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 688 / 689

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
COBURN FOR SENATE 2010

Transaction ID: SB23-2
Date of Disbursement

Mailing Address POST OFFICE BOX 977

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	0

City MUSKOGEE State OK Zip Code 74402

Amount of Each Disbursement this Period

1890.00

Purpose of Disbursement
IN KIND CONTRIBUTION

Category/ Type

Candidate Name
SENATOR THOMAS COBURN

[MEMO ITEM]
OFFICE RENT/EQUIP. RENT./-
PHONE SVC.

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OK District: 00

B.

Full Name (Last, First, Middle Initial)
SCOTT BROWN FOR SENATE

Transaction ID: SB23-1
Date of Disbursement

Mailing Address P.O. BOX 395

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	0

City WRENTHAM State MA Zip Code 02093

Amount of Each Disbursement this Period

21300.00

Purpose of Disbursement
CONTRIBUTION

Category/ Type

Candidate Name
SCOTT BROWN

[MEMO ITEM]
SPECIAL GEN.

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MA District: 00

SUBTOTAL of Disbursements This Page (optional)

21300.00

TOTAL This Period (last page this line number only)

21300.00

10020170695

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 689 / 689

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CHARLES HIXON

Transaction ID: SB28A-0.004592
Date of Disbursement

Mailing Address 441 LEONA LN.

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	0

City State Zip Code
CLEVELAND GA 30528

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
DR WILLIAM LEVIN

Transaction ID: SB28A-0.004753
Date of Disbursement

Mailing Address 508 EDGEWATER RETIREMENT CENTER

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	0

City State Zip Code
GALVESTON TX 77550

Amount of Each Disbursement this Period

220.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

520.00

TOTAL This Period (last page this line number only)

520.00

10020170696

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 02-19-10
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 02-19-10

16028170697

9920170698

