SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1836 / 2650
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.
Full Name (Last, First, Middle Initial)
Dr. Christopher Schmidt
Mailing Address 1735 27th St
City: Portsmouth State: OH Zip Code: 45662
FEC ID number of contributing federal political committee: C
Name of Employer: Dr. Christopher Schmidt. Pc
Occupation: Doctor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 08 15 2005
Transaction ID: IE050815.0010053
Amount of Each Receipt this Period: 400.00

B.
Full Name (Last, First, Middle Initial)
Dr. Anne Shriner
Mailing Address 130 N Miller Rd Ste D
City: Fairlawn State: OH Zip Code: 44333
FEC ID number of contributing federal political committee: C
Name of Employer: Lifespan Women's Health Care
Occupation: Owner
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 15 2005
Transaction ID: IE050815.0010064
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Ms. Jo Slonaker
Mailing Address 878 Main St
City: Newfoundland State: PA Zip Code: 18445
FEC ID number of contributing federal political committee: C
Name of Employer: Kozy Krest Assisted Living
Occupation: Owner
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 15 2005
Transaction ID: IE050815.0010394
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1400.00

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