

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 245 / 1615
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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 CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Paul J. Arnold		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address 854 Cape Coral Pkwy E Ste 14		<b>Transaction ID:</b> IE070611.0010002
City State Zip Code Cape Coral FL 33904-9081	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Multicare Specialists	Occupation Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Gonzalo Gurrola		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address 1125 N Magnolia Ave Unit Suite#130		<b>Transaction ID:</b> IE070611.0010003
City State Zip Code Anaheim CA 92801-2638	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Quick Lending	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Jo Sturdevant		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address 1128 Pelican Bay Dr		<b>Transaction ID:</b> IE070611.0010004
City State Zip Code Daytona Beach FL 32119-1381	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Sturdevant Beach and Associates LLC	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	650.00