

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 198 / 1562
	(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> Mr. L. Randall Yates		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 1105 Park Ave		<b>Transaction ID:</b> FF070814.0110038
City State Zip Code New York NY 10128-1200	Amount of Each Receipt this Period 505.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 505.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 505.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. James W. Bailey		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 6100 Meridian Ln		<b>Transaction ID:</b> FF070814.0110042
City State Zip Code Montgomery AL 36117-2708	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Trang D. Nguyen		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 11555 Monarch St Ste C		<b>Transaction ID:</b> FF070814.0110055
City State Zip Code Garden Grove CA 92841-1814	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Owner Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	955.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____