

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

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

FOR LINE NUMBER: PAGE 1706 / 2649
(check only one)
 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. Mark Sutherland

Mailing Address 2717 Summerhill Rd

City State Zip Code
Texarkana TX 75503

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

Name of Employer Occupation
Mark E Sutherland Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 02 / 2005

Transaction ID: IE050802.0010094

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Patricia Tagle-Levy

Mailing Address 7510 E 1st St

City State Zip Code
Scottsdale AZ 85251

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

Name of Employer Occupation
Family Mental Health Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
08 / 02 / 2005

Transaction ID: IE050802.0010117

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Reza Vafadoust

Mailing Address 1044 Geer Rd

City State Zip Code
Turlock CA 95380

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

Name of Employer Occupation
City Medical Corporation Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 02 / 2005

Transaction ID: IE050802.0010157

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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