

# 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 45 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
REPUBLICAN PARTY OF KENTUCKY

<b>A.</b>	Full Name (Last, First, Middle Initial) Ray F. Shear		Date of Receipt	
	Mailing Address 8100 Ecton Rd		M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.28997
	Winchester	KY	40391-8697	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		300.00	
Name of Employer Wilbur Smith Asc.		Occupation Engineer Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Norma Shehan		Date of Receipt	
	Mailing Address 169 W Maple St		M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.29000
	Glendale	KY	42740-8708	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer N/A		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Tony Sholar		Date of Receipt	
	Mailing Address 319 Ewing St		M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.29008
	Frankfort	KY	40601-2658	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Lewis Sholar LLC		Occupation Public Affairs Consulting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	