

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

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

FOR LINE NUMBER: PAGE 18 OF 719  
(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. MRS. MADELEINE ARISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9999 COLLINS AVENUE  
 APARTMENT 15GJ  
 City BAL HARBOUR State FL Zip Code 33154-1839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARNIVAL CRUISE LINE Occupation C.E.O.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 09 / 2012  
**Transaction ID : SA11.14580622**  
 Amount of Each Receipt this Period 2000.00  
 CONTRIBUTION

**B. MRS. MADELEINE ARISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9999 COLLINS AVENUE  
 APARTMENT 15GJ  
 City BAL HARBOUR State FL Zip Code 33154-1839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARNIVAL CRUISE LINE Occupation C.E.O.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 17 / 2012  
**Transaction ID : SA11.14587416**  
 Amount of Each Receipt this Period 3000.00  
 CONTRIBUTION

**C. MR. MICKY ARISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9999 COLLINS AVENUE  
 APT. 15-GJ  
 City BAL HARBOUR State FL Zip Code 33154-1839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARNIVAL CRUISE LINE Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 09 / 2012  
**Transaction ID : SA11.14580620**  
 Amount of Each Receipt this Period 2000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7000.00  
**TOTAL** This Period (last page this line number only)..... ▶