

**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 458 / 1319
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MR. ARTHUR M. HUGHES	Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address 2100 S OCEAN DR APT 16A	Transaction ID: SA11.13393033
	City State Zip Code FORT LAUDERDALE FL 33316-3844	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation KNOWLEDGE BASED MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

B.	Full Name (Last, First, Middle Initial) MS. BARBARA A. HUGHES	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 7020 N COUNTY RD W	Transaction ID: SA11.13389801
	City State Zip Code ODESSA TX 79764-2636	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HUGHES OIL FIELD TRANSPOR- TATION PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) MRS. DOLORES H. HUGHES	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 2002 PARK PLACE LANE	Transaction ID: SA11.13430425
	City State Zip Code CANONSBURG PA 15317-6212	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	5600.00
TOTAL This Period (last page this line number only)	