

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1624 / 3617
	<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)  
**REPUBLICAN NATIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Ms. Grace L. Meek</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6	
Mailing Address 1320 Frederick Street Apartment A.		<b>Transaction ID: 44188995</b>	
City Independence State MO Zip Code 64050		Amount of Each Receipt this Period 330.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Arthur S. Mehlman</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6	
Mailing Address 8205 Marcie Drive		<b>Transaction ID: 44133341</b>	
City Baltimore State MD Zip Code 21208		Amount of Each Receipt this Period 220.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Neriman Mehmet</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6	
Mailing Address 3529 Sutton Loop		<b>Transaction ID: 44048253</b>	
City Fremont State CA Zip Code 94536		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Occupation Restaurant Operator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	