

**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 520 / 1070
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) DR. KATHRYN P. NOBLE		Date of Receipt
	Mailing Address 2809 LYMINGTON ROAD		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	COLUMBUS	OH	43220-4227
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.13110184
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
			CONTRIBUTION

<b>B.</b>	Full Name (Last, First, Middle Initial) DR. R. J. NOBLE		Date of Receipt
	Mailing Address 10590 N MERIDIAN ST		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	INDIANAPOLIS	IN	46290-1028
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.13098377
Name of Employer V CARE GROUP		Occupation CARDIOVASCULAR DISEASE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="300.00"/>
			CONTRIBUTION

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. SUSAN M. NOEGEL		Date of Receipt
	Mailing Address 4747 COUNTY D		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WEST BEND	WI	53090-9357
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.13124840
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	<input type="text" value="450.00"/>
			CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>