

**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 1763 / 3890
	<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 NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Ms. Michele M. Monti

Mailing Address 2013 E. Orion Street

City State Zip Code
Tempe AZ 85283

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Leonardo's Marble Design President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2007

Transaction ID: 46744884

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Santiago B. Montoya

Mailing Address 705 N.W. 123Rd Avenue

City State Zip Code
Miami FL 33182

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Medical Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2007

Transaction ID: 46749199

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Damon E. Monty

Mailing Address 49 George Street

City State Zip Code
Westerly RI 02891

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Chiropractice / Security

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2007

Transaction ID: 46723702

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)	560.00
TOTAL This Period (last page this line number only)	