

# 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 2004 / 2596
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Roy C. Coffee, III		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 3209 Thornapple St		<b>Transaction ID:</b> FF060406.0040023	
City State Zip Code Chevy Chase MD 20815-4018	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer INFO REQUESTED		Occupation INFO REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Irene Ulivi Deperez		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 430 Grand Bay Dr Apt 1401		<b>Transaction ID:</b> FF060406.0040022	
City State Zip Code Key Biscayne FL 33149-1918	Amount of Each Receipt this Period 10000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer INFO REQUESTED		Occupation INFO REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Brant D. Imperatore		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 1531 Brookhaven Dr		<b>Transaction ID:</b> FF060406.0040016	
City State Zip Code McLean VA 22101-4128	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer INFO REQUESTED		Occupation INFO REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	17500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	