

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1148 / 3091
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mrs. Pamela M. Horn

Mailing Address 1651 Via Romero

City Alamo State CA Zip Code 94507

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

Name of Employer Requested Occupation Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 02 / 2011
Transaction ID: 2011M07L11A103031
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Randall C. Horn

Mailing Address 1113 Enclave Way

City Columbia State SC Zip Code 29223-3258

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

Name of Employer Colonial Life & Accident Insurance Com Occupation Insurance Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 20 / 2011
Transaction ID: 2011M07L11A103032
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Twila D. Horn

Mailing Address P. O. Box 320997

City Cocoa Beach State FL Zip Code 32932-0997

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 06 / 06 / 2011
Transaction ID: 2011M07L11A103033
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

TOTAL This Period (last page this line number only) ►