

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

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

FOR LINE NUMBER: PAGE 646 / 3188

(check only one)

<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

A.

Full Name (Last, First, Middle Initial)

MR. HENRY FAIR

Mailing Address 101 MARY ST

City State Zip Code
MOUNT PLEASANT SC 29464-4315

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

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13937075

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GERALD FAIRBANKS

Mailing Address 160 E SODERBERG RD APT B5

City State Zip Code
ALLYN WA 98524-7700

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

Name of Employer
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.13929225

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. KARL D. FAIRCHILD

Mailing Address 9207 GEYSER AVE

City State Zip Code
NORTHRIDGE CA 91324-3026

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

Name of Employer
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.13961658

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

305.00

TOTAL This Period (last page this line number only)