

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

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

FOR LINE NUMBER: PAGE 1270 / 1548

(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 Senatorial Committee

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Harold Thompson Mailing Address 107 W Camen St City Tompkinsville State KY Zip Code 42187 FEC ID number of contributing federal political committee. C | | Date of Receipt MM / DD / YYYY 10 / 04 / 2004 Transaction ID: SA11A.283126 Amount of Each Receipt this Period 100.00 Contribution |
| Name of Employer INFORMATION REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation INFORMATION REQUESTED Aggregate Year-to-Date 390.00 | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Jere W. Thompson Mailing Address 3838 Oak Lawn Ave City Dallas State TX Zip Code 75219 FEC ID number of contributing federal political committee. C | | Date of Receipt MM / DD / YYYY 10 / 04 / 2004 Transaction ID: SA11A.283644 Amount of Each Receipt this Period 300.00 Contribution |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation Retired Aggregate Year-to-Date 550.00 | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) J. Allen Thompson, Jr. Mailing Address 925 Cleveland St Number 117 City Greenville State SC Zip Code 29601 FEC ID number of contributing federal political committee. C | | Date of Receipt MM / DD / YYYY 10 / 01 / 2004 Transaction ID: SA11A.285115 Amount of Each Receipt this Period 100.00 Contribution |
| Name of Employer INFORMATION REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation INFORMATION REQUESTED Aggregate Year-to-Date 220.00 | |

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|---|--------|
| SUBTOTAL of Receipts This Page (optional) | 600.00 |
| TOTAL This Period (last page this line number only) | |