

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 842 / 1615              |
|   | <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)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>ALEX MISTRI                           | Date of Receipt<br>MM / DD / YYYY<br>07 / 26 / 2010 |
|   | Mailing Address 440 12TH STREET NE #107  | Transaction ID: SA11.13739049                       |
|   | City State Zip Code<br>WASHINGTON DC 20002-6385                                  | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br>C                  | CONTRIBUTION  |
|   | Name of Employer Occupation<br>GLOVER PARK GROUP MANAGING DIRECTOR, GOV. AFFAIRS |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00   |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>MR. GLENN E. MITCHELL   | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2010 |
|   | Mailing Address 502 GA HIGHWAY 87 S  | Transaction ID: SA11.13750011                       |
|   | City State Zip Code<br>COCHRAN GA 31014-3100   | Amount of Each Receipt this Period<br>205.00        |
|   | FEC ID number of contributing federal political committee.<br>C  | CONTRIBUTION  |
|   | Name of Employer Occupation<br>INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>305.00   |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>MR. JOHN MITCHELL   | Date of Receipt<br>MM / DD / YYYY<br>07 / 27 / 2010 |
|   | Mailing Address 13914 PEPPERRELL DR  | Transaction ID: SA11.13749376                       |
|   | City State Zip Code<br>TAMPA FL 33624-3415   | Amount of Each Receipt this Period<br>100.00        |
|   | FEC ID number of contributing federal political committee.<br>C  | CONTRIBUTION  |
|   | Name of Employer Occupation<br>INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00   |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 805.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |