

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

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

FOR LINE NUMBER: PAGE 643 / 4616

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** Mr. Gerald M. Cianfrocca

Mailing Address 8 Coddington Court

City State Zip Code  
 Belle Mead NJ 08502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1610.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 1 / 2 0 0 7

Transaction ID: 47033564

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** Mr. Gerald M. Cianfrocca

Mailing Address 8 Coddington Court

City State Zip Code  
 Belle Mead NJ 08502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1610.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 1 / 2 0 0 7

Transaction ID: 47033566

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Robert C. Ciardullo

Mailing Address 135 Osborn Road

City State Zip Code  
 Harrison NY 10528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 4 / 2 0 0 7

Transaction ID: 47067609

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....