

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 3105 / 7308  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert S. Kramer

Mailing Address 1233 N. Gulfstream Avenue  
Unit 1403

City State Zip Code  
Sarasota FL 34236-8953

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 ▼ 11606.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2010

**Transaction ID:** 2010M09L11A109164

Amount of Each Receipt this Period  
600.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert S. Kramer

Mailing Address 1233 N. Gulfstream Avenue  
Unit 1403

City State Zip Code  
Sarasota FL 34236-8953

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 ▼ 11606.00

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2010

**Transaction ID:** 2010M09L11A109165

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ronald E. Kramer

Mailing Address 4256 W. Lake Circle N.

City State Zip Code  
Littleton CO 80123-6767

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

Name of Employer Self-Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010M09L11A109166

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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