

**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 582 OF 3943
<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**

Full Name (Last, First, Middle Initial) <b>A. MR. ROBERT M. COBB</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2014 <b>Transaction ID : SA11.15624744</b>
Mailing Address 2000 B SOUTH BRIDGE PARKWAY SUITE 100		Amount of Each Receipt this Period 1000.00
City BIRMINGHAM State AL Zip Code 35209-1303	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer COBB THEATRES III, LLC Occupation PRESIDENT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 11000.00

Full Name (Last, First, Middle Initial) <b>B. MR. ROBERT M. COBB</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014 <b>Transaction ID : SA11.15676018</b>
Mailing Address 2000 B SOUTH BRIDGE PARKWAY SUITE 100		Amount of Each Receipt this Period 10000.00
City BIRMINGHAM State AL Zip Code 35209-1303	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer COBB THEATRES III, LLC Occupation PRESIDENT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 11000.00

Full Name (Last, First, Middle Initial) <b>C. MR. TY COBB</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11.15676963</b>
Mailing Address 2 OCEAN COURSE DRIVE		Amount of Each Receipt this Period 1000.00
City KIAWAH ISLAND State SC Zip Code 29455-5900	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer HOGAN LOVELLS US LLP Occupation ATTORNEY	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	