

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 154 / 517
(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)
The National Republican Trust PAC

A.

Full Name (Last, First, Middle Initial)
Richard Hardison

Mailing Address 3227 Capital Medical Blvd

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Self Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 91201.C157896

Amount of Each Receipt this Period
25.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Richard Hardison

Mailing Address 3227 Capital Medical Blvd

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Self Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 91201.C157897

Amount of Each Receipt this Period
20.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Richard Hardison

Mailing Address 3227 Capital Medical Blvd

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Self Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2320.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 91201.C157894

Amount of Each Receipt this Period
2050.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **2095.00**

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