

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

REPUBLICAN NATIONAL COMMITTEE

ADDRESS (number and street)

310 FIRST STREET SE

☐Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00003418

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

01

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr Randall Pullen

Signature of Treasurer

Electronically Filed by Mr Randall Pullen

Date

04

09

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 1540

Write or Type Committee Name
 REPUBLICAN NATIONAL COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		15158787.07
(b) Cash on Hand at Beginning of Reporting Period	15158787.07	
(c) Total Receipts (from Line 19)	13166809.52	13166809.52
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28325596.59	28325596.59
7. Total Disbursements (from Line 31)	5492667.46	5492667.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22832929.13	22832929.13
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
 999 E street, NW
 Washington, DC 20463

Toll Free 800-424-9530
 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

REPUBLICAN NATIONAL COMMITTEE

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1192746.33	1192746.33
(ii) Unitemized	4535302.60	4535302.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5728048.93	5728048.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	45000.00	45000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5773048.93	5773048.93
12. Transfers From Affiliated/Other Party Committees	7351516.98	7351516.98
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	41479.55	41479.55
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	764.06	764.06
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13166809.52	13166809.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13166809.52	13166809.52

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	4787040.88	4787040.88	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	4787040.88	4787040.88	
22. Transfers to Affiliated/Other Party Committees.....	388000.00	388000.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	9950.58	9950.58	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	287576.00	287576.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	20000.00	20000.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	307576.00	307576.00	
29. Other Disbursements.....	100.00	100.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5492667.46	5492667.46	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5492667.46	5492667.46	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	5773048.93	5773048.93
34. Total Contribution Refunds (from Line 28(d))	307576.00	307576.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5465472.93	5465472.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4787040.88	4787040.88
37. Offsets to Operating Expenditures (from Line 15, page 3)	41479.55	41479.55
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4745561.33	4745561.33

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

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

FOR LINE NUMBER: PAGE 6 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Joshua Barnhill

Mailing Address 1416 Parkview Circle, #205

City

Wilmington

State

NC

Zip Code

28405

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00001

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Timothy P. Baubie

Mailing Address 3066 Zelda Rd. Ste. 108

City

Montgomery

State

AL

Zip Code

36106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00002

Amount of Each Receipt this Period

510.00

C.

Full Name (Last, First, Middle Initial)

Mr. Timothy P. Deyampert

Mailing Address 5511 E. Windrose Dr.

City

Scottsdale

State

AZ

Zip Code

85254

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 ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00003

Amount of Each Receipt this Period

211.00

SUBTOTAL of Receipts This Page (optional)

971.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID :

Regarding negative receipts listed on line 11(a)(i) with the description of 'ACH Return', these are interbank clearing of electronic payments processed by the Automated Clearing House (ACH) network of participating banks and the Federal Reserve. These are returns of contributions by individuals which have been deducted from our credit card merchant account or bank account by the credit card company or bank.

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

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

FOR LINE NUMBER: PAGE 8 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Timothy P. Fite

Mailing Address 87 N. Burgan Ave.

City State Zip Code
Fresno CA 93727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00004

Amount of Each Receipt this Period

260.00

B.

Full Name (Last, First, Middle Initial)

Mr. Timothy P. Glauber

Mailing Address 1160 Topside Rd.

City State Zip Code
Louisville TN 37777

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 ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00005

Amount of Each Receipt this Period

410.00

C.

Full Name (Last, First, Middle Initial)

Dr. Timothy P. Hoin

Mailing Address 100 Watatic Mountain Rd

City State Zip Code
Ashby MA 01431

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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI00006

Amount of Each Receipt this Period

310.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Timothy P. Maeck

Mailing Address 333 Parker Ave

City

Buffalo

State

NY

Zip Code

14206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00007

Amount of Each Receipt this Period

280.00

B.

Full Name (Last, First, Middle Initial)

Mr. James E. Keith

Mailing Address P.O. Box 262941

City

Houston

State

TX

Zip Code

77207-2941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Corporation Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00008

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Strain

Mailing Address 3818 Colony Woods Drive

City

Sugar Land

State

TX

Zip Code

77479-2843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00009

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Pileggi, Jr.

Mailing Address 364 Kirkwood Cove

City

Burr Ridge

State

IL

Zip Code

60527-6336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chicago Steel Container
Corp

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00010

Amount of Each Receipt this Period

190.00

B.

Full Name (Last, First, Middle Initial)

Ms. Lois Nelson

Mailing Address 1000 Green Street
Apartment 403

City

San Francisco

State

CA

Zip Code

94133-3687

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00011

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Mary Huntley

Mailing Address 104 Milwaukee Avenue

City

Orange Park

State

FL

Zip Code

32073-5663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00012

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 1540
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Pileggi, Jr.

Mailing Address 364 Kirkwood Cove

City

Burr Ridge

State

IL

Zip Code

60527-6336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chicago Steel Container
Corp

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00013

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Mr. C. De Witt Peterson

Mailing Address 310 Pleasant Valley Avenue

City

Moorestown

State

NJ

Zip Code

08057-2610

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00014

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stephen R. Roark

Mailing Address 2732 S. Fillmore St.

City

Denver

State

CO

Zip Code

80210-6419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jacobs Entertainment Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00015

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. C. De Witt Peterson

Mailing Address 310 Pleasant Valley Avenue

City

Moorestown

State

NJ

Zip Code

08057-2610

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00016

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Phillip O. Geier, Jr.

Mailing Address 6000 Redbird Hollow Lane

City

Cincinnati

State

OH

Zip Code

45243-3331

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00017

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Allen L. Lyseng

Mailing Address 19151 Puposky Road N.W.

City

Bemidji

State

MN

Zip Code

56601-7116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00018

Amount of Each Receipt this Period

330.00

SUBTOTAL of Receipts This Page (optional)

630.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Brian W. Becker

Mailing Address 1514 Perry Road

City

North Java

State

NY

Zip Code

14113-9716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Mechanic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00019

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. John P. Osborne

Mailing Address 6 Runawit Road

City

Exeter

State

NH

Zip Code

03833-4417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Synergetics

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00020

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Lytle

Mailing Address 4549 Tiffany Ln

City

Loganville

State

GA

Zip Code

30052-3590

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inglette - Stobbs Interna-
tional Ltd.

Occupation
VP Electrical Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00021

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)

1045.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Msgr. William G. Charnoki

Mailing Address 342 W. Main Street

City

Ligonier

State

PA

Zip Code

15658-1132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diocese Of Greensburg

Occupation

R.C. Priest

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00022

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Ms. Maria Zarranz

Mailing Address 3610 S.W. 88Th Place

City

Miami

State

FL

Zip Code

33165-4374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Turning Point C.M.H.C.

Occupation

Mental Health Counselor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00023

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Paul J. Pangratz

Mailing Address 5210 Daggett Road

City

Girard

State

PA

Zip Code

16417-8803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Farmer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00024

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

495.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Frank R. Granara

Mailing Address 95 Shire Road

City

Norwell

State

MA

Zip Code

02061

FEC ID number of contributing
federal political committee.

C

Name of Employer
G.I.C.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00025

Amount of Each Receipt this Period

550.00

B.

Full Name (Last, First, Middle Initial)

Mr. John C. Williams

Mailing Address P.O. Box 1950

City

Silverthorne

State

CO

Zip Code

80498-1950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Compass Homes Development,
Llc

Occupation
Real Estate Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00026

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. John R. Wagner, Jr.

Mailing Address 4780 Orchard Ridge Drive

City

Troy

State

MI

Zip Code

48098-4121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00027

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Lois Nelson

Mailing Address 1000 Green Street
 Apartment 403

City State Zip Code
 San Francisco CA 94133-3687

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00028

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Anthony Mustillo

Mailing Address 7Parliament Road

City State Zip Code
 Sicklerville NJ 08081

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Intertek Caleb Brett

Occupation
 Petro/Chem

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00029

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. D. Wayne Gittinger

Mailing Address 1420 5Th Avenue
 Suite 4100

City State Zip Code
 Seattle WA 98101-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Lane Powell, P. C.

Occupation
 Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00030

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Wilfried von Bulow

Mailing Address 1925 Gough Street

City

San Francisco

State

CA

Zip Code

94109-3416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ferrostaal, Inc.

Occupation

Vice Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00031

Amount of Each Receipt this Period

335.00

B.

Full Name (Last, First, Middle Initial)

Miss Rita Lugo

Mailing Address P.O. Box 108

City

San Jacinto

State

CA

Zip Code

92581-0108

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00032

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bassam Mattar

Mailing Address 26 N. Sagebrush Circle

City

Wichita

State

KS

Zip Code

67230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00033

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

805.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 18 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jeanie & Elbert H. Overbay

Mailing Address P.O. Box 983

City

Lake Alfred

State

FL

Zip Code

33850-0983

FEC ID number of contributing
federal political committee.

C

Name of Employer
The W.E. Jones Group, Inc.

Occupation

Small Business Owners

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00034

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John M. Osborn

Mailing Address 95 Scripps Drive

City

Sacramento

State

CA

Zip Code

95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00035

Amount of Each Receipt this Period

305.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Eugene Gottsdanker

Mailing Address 4210 Dawn Lane

City

Oceanside

State

CA

Zip Code

92056-4716

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00036

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1055.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Porter Bennett

Mailing Address 32045 Castle Court
 Bentek Energy Llc

City State Zip Code
 Evergreen CO 80439-3503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00037

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Carla Dehmlow

Mailing Address 2500 Indigo Lane #109

City State Zip Code
 Glenview IL 60026-7799

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00038

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stephen S. Cowen

Mailing Address 330 Park Glen Point N.W.

City State Zip Code
 Atlanta GA 30327-4866

FEC ID number of contributing
federal political committee.

C

Name of Employer
King & Spalding

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00039

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Ken Zebal

Mailing Address 37985 S. Elbow Bend Drive

City

Tucson

State

AZ

Zip Code

85739-3021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arinc Engineering Services

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00040

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charles W. Pelesky

Mailing Address 214 Osborne Avenue

City

Baltimore

State

MD

Zip Code

21228-4336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northrup Grumman

Occupation
Senior Field Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00041

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jerry Meador

Mailing Address 358 Southwind Circle

City

Abilene

State

TX

Zip Code

79602-7556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00042

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Dino E.P. Mc Curdy

Mailing Address 801 Yale Avenue
The Strath Haven

City State Zip Code
Swarthmore PA 19081-1816

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 ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00043

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Victor Hydel

Mailing Address 1520 Hollywood Street

City State Zip Code
Dearborn MI 48124-4044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mc Donald's

Occupation
Maintenance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00044

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert H. Yevich

Mailing Address 100 Canterbury Rd.

City State Zip Code
Richmond VA 23221-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00045

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Gordon Ervin Stewart

Mailing Address 900 Meyer Lane

City

Redondo Beach

State

CA

Zip Code

90278-5216

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00046

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gary Dolbeare

Mailing Address 1151 Rutherford Ridge

City

O' Fallon

State

IL

Zip Code

62269-7018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Basler Electric Company

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00047

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Dr. Scott Ryan

Mailing Address 104 Bee Gee Road

City

Lumberton

State

NC

Zip Code

28358-8504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Health Of Caro-
lina, P.A.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00048

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

580.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Gene S. Di Medio

Mailing Address 400 Station Avenue

City

Haddonfield

State

NJ

Zip Code

08033-4017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Du Bell Lumber Company

Occupation

Businessman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00049

Amount of Each Receipt this Period

340.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Judith Gorman

Mailing Address 801 S. Indiana Street

City

Perryton

State

TX

Zip Code

79070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00050

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. David D. Flis

Mailing Address 5621 Chevaux Court

City

Little Rock

State

AR

Zip Code

72223

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00051

Amount of Each Receipt this Period

1100.00

SUBTOTAL of Receipts This Page (optional)

1660.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Gerald Ashby

Mailing Address 11493 Kings Hill Road

City

Bealeton

State

VA

Zip Code

22712

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00052

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Peter Coad

Mailing Address 127 Harding Avenue

City

Los Gatos

State

CA

Zip Code

95030-6304

FEC ID number of contributing
federal political committee.

C

Name of Employer
FEF Systems Corporation

Occupation
Business Builder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00053

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard R. Mace

Mailing Address P.O. Box 693

City

Crystal Beach

State

FL

Zip Code

34681-0693

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00054

Amount of Each Receipt this Period

1100.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Johnsie Daisley

Mailing Address 5429 Coronada Drive

City

Mentor On The Lake

State

OH

Zip Code

44060-1405

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00055

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. John D. Hines

Mailing Address 4103 138Th Street

City

Urbandale

State

IA

Zip Code

50323-2458

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00056

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. Donald Powell

Mailing Address 806 Arcadia Drive

City

Vacaville

State

CA

Zip Code

95687-0820

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00057

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James H. Keller

Mailing Address 12936 State Route D.

City

Savannah

State

MO

Zip Code

64485-2082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00058

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Albin

Mailing Address P.O. Box 377

City

Newman

State

IL

Zip Code

61942-0377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00059

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Betty Shaul

Mailing Address 8801 S. Yale Avenue
Suite 130

City

Tulsa

State

OK

Zip Code

74137-3575

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00060

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

580.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James T. Jones

Mailing Address 24754 77th Crest

City State Zip Code
Bellerose NY 11426

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00061

Amount of Each Receipt this Period

330.00

B.

Full Name (Last, First, Middle Initial)

Mr. George W. Siguler

Mailing Address 3 Robinson Circle

City State Zip Code
Winchester MA 01890-3716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investment Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00062

Amount of Each Receipt this Period

245.00

C.

Full Name (Last, First, Middle Initial)

Mr. Roderick S. Molyneau

Mailing Address 18227 Nassau Bay Drive

City State Zip Code
Houston TX 77058-3414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jacobs Engineering Group

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00063

Amount of Each Receipt this Period

270.00

SUBTOTAL of Receipts This Page (optional)

845.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Paul Wood

Mailing Address 4194E 22Nd Road #E

City

Sheridan

State

IL

Zip Code

60551-9425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chicago Bridge & Iron

Occupation

Senior Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00064

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)

Mr. William H. Brezovski

Mailing Address 4754 E. Flamingo Road

City

Las Vegas

State

NV

Zip Code

89121-4709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00065

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Dana A. Focks

Mailing Address 7409 N.W. 23Rd Avenue

City

Gainesville

State

FL

Zip Code

32606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00066

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

585.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Janet Schmidt

Mailing Address 313 Rebels Roost

City

Elizabethtown

State

KY

Zip Code

42701-6991

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 ▼

1430.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00067

Amount of Each Receipt this Period

1430.00

B.

Full Name (Last, First, Middle Initial)

Sophia N. & G.W. Brock

Mailing Address 1705 Community Lane

City

Midland

State

TX

Zip Code

79701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Independent Oil & Gas Exploration/Geol

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00068

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Guillermina Soto

Mailing Address 6121 N Cynthia Ct

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sapphire Custom Mfg

Occupation
Owner Of Sapphire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00069

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. David Gary

Mailing Address 8321 Woodward Street

City

Houston

State

TX

Zip Code

77051-1329

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00070

Amount of Each Receipt this Period

270.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ralph R. Wilkerson

Mailing Address 57 Blue Heron Drive

City

Thornton

State

CO

Zip Code

80241-1997

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Independent Oil Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00071

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Skip Klatt

Mailing Address P.O. Box 437

City

Deerfield

State

IL

Zip Code

60015-0437

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Chemet

Occupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00072

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

795.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William D. Stuck

Mailing Address 14 S. West Avenue

City

Shiremanstown

State

PA

Zip Code

17011-6542

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00073

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Dino E.P. Mc Curdy

Mailing Address 801 Yale Avenue
The Strath Haven

City

Swarthmore

State

PA

Zip Code

19081-1816

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 ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00074

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Arrigo A. Sturla

Mailing Address 2434 Polvorosa Avenue

City

San Leandro

State

CA

Zip Code

94577-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00075

Amount of Each Receipt this Period

215.00

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 32 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Marvin Nasses

Mailing Address 1007 W. Lawrence Lane

City State Zip Code
Phoenix AZ 85021-4481

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00076

Amount of Each Receipt this Period

605.00

B.

Full Name (Last, First, Middle Initial)

Mr. Isidro J. Gonzalez

Mailing Address 3611 N.W. 74Th Street

City State Zip Code
Miami FL 33147-5827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00077

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. Marvin Cutson

Mailing Address 2791 Camden Road

City State Zip Code
Clearwater FL 33759-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Lock & Supply Co-
mpany

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00078

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

935.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 33 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Byron Hayes

Mailing Address 101 S. Sweetwater Cove Boulevard

City

Longwood

State

FL

Zip Code

32779-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starwood Development

Occupation
Construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00079

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Mr. Earl Smith, Jr.

Mailing Address 800 Pasadena Avenue

City

Severna Park

State

MD

Zip Code

21146-4709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Inorganic Chem-
icals

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00080

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stephan Brady, Jr.

Mailing Address 10206 Oakton Terrace Road

City

Oakton

State

VA

Zip Code

22124-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Department Of Navy

Occupation
Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00081

Amount of Each Receipt this Period

485.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth P. Bergbower

Mailing Address 102 Glenmoor Circle S.

City

Easton

State

PA

Zip Code

18045-2178

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00082

Amount of Each Receipt this Period

360.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ricardo A. Miguelino

Mailing Address 22 Ely Road

City

Holmdel

State

NJ

Zip Code

07733-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Anesthesia Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00083

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Ms. Laurie L. Johnson

Mailing Address 2830 Linden Street
3B

City

Bethlehem

State

PA

Zip Code

18017-3962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warren Hospital

Occupation
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00084

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Sophia N. & G.W. Brock

Mailing Address 1705 Community Lane

City State Zip Code
Midland TX 79701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Independent Oil & Gas Exploration/Geol

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00085

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Edward S. Olson, Jr.

Mailing Address P.O. Box 1075

City State Zip Code
Easley SC 29641-1075

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00086

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ricardo A. Miguelino

Mailing Address 22 Ely Road

City State Zip Code
Holmdel NJ 07733-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Anesthesia Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: 2009M02L11AI00087

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Eugene R. Sylva, Mr. Eugene

Mailing Address 86 N. Main Street

City

Wharton

State

NJ

Zip Code

07885-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer
D.M.I.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00088

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. William E. Lee, Jr.

Mailing Address 8 Walnut Lane

City

Fletcher

State

NC

Zip Code

28732-9481

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00089

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Dr. Larry L. Cunningham

Mailing Address 3651 Parkers Mill Rd

City

Lexington

State

KY

Zip Code

40513-9718

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Of Kentucky

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00090

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Stanley L. Williams

Mailing Address 2708 Riverwood Trail

City

Fort Worth

State

TX

Zip Code

76109-9591

FEC ID number of contributing
federal political committee.

C

Name of Employer
Abbott Labs

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	0	9

Transaction ID: 2009M02L11AI00091

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael P. Ramage

Mailing Address 746 Mill Street

City

Moorestown

State

NJ

Zip Code

08057-1831

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 ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	0	9

Transaction ID: 2009M02L11AI00092

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald Cass

Mailing Address 7104 Eagle Ter

City

West Palm Bch

State

FL

Zip Code

33412-3101

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	0	9

Transaction ID: 2009M02L11AI00093

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Donald L Hickman

Mailing Address 1901 Florance Ann Ln

City

Haslet

State

TX

Zip Code

76052-8498

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00094

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Jane M. Clayton

Mailing Address 2421 Tustin Ave.

City

Costa Mesa

State

CA

Zip Code

92627-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Contracting Engineers, In-
c.

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00095

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Boyd Boudreaux

Mailing Address P.O. Box 499

City

Hackberry

State

LA

Zip Code

70645-0499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Homestead Savings
Ban

Occupation
Banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00096

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Roy E. Yates

Mailing Address 200 N Navigation

City

Freeport

State

TX

Zip Code

77541-0843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00097

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ronald G. England

Mailing Address P.O. Box 7

City

Monroe

State

VA

Zip Code

24574-0007

FEC ID number of contributing
federal political committee.

C

Name of Employer
England Stove Works, Inc.

Occupation
Chairman / C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00098

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. James R. Greiner

Mailing Address 1113 Kelly Dr Apt 3

City

Hinesville

State

GA

Zip Code

31313

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Army

Occupation
Soldier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00099

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

1725.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Dr. Jay Grassell, Dr. Jay G</p> <p>Mailing Address 861 Murray Court</p> <p>City State Zip Code Yuba City CA 95991-6121</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Three Rivers Medical Group</p> <p>Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 9</p> <p>Transaction ID: 2009M02L11AI00100</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name (Last, First, Middle Initial) Ms. Marianne L. Horinko</p> <p>Mailing Address 4710 Benjamin Cross Court</p> <p>City State Zip Code Chantilly VA 20151-2358</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed</p> <p>Occupation Businesswoman</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 9</p> <p>Transaction ID: 2009M02L11AI00101</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name (Last, First, Middle Initial) Mrs. Shirley M. Knox</p> <p>Mailing Address 4724 Heath Hill Road</p> <p>City State Zip Code Columbia SC 29206-4611</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed</p> <p>Occupation Chairman</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 9</p> <p>Transaction ID: 2009M02L11AI00102</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>SUBTOTAL of Receipts This Page (optional) ► 750.00</p> <p>TOTAL This Period (last page this line number only) ►</p>	

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Donald A. Bux

Mailing Address 2133 Echo Lane

City

Wilmington

State

NC

Zip Code

28403-6020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00103

Amount of Each Receipt this Period

336.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Royce Reinhardt

Mailing Address 24050 County Road 10

City

La Jara

State

CO

Zip Code

81140-9506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00104

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. James T. Blakeley

Mailing Address 105 Henry Road

City

Vicksburg

State

MS

Zip Code

39183-9567

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00105

Amount of Each Receipt this Period

180.00

SUBTOTAL of Receipts This Page (optional)

616.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Kim A. Scheps, Mrs. Kim A

Mailing Address 4927 Mimosa Drive

City

Bellaire

State

TX

Zip Code

77401-5734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunbelt Supply

Occupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00106

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Harry W. Barnes, Mr. Harry

Mailing Address 215 Brookside Blvd.

City

Pittsburgh

State

PA

Zip Code

15241-1511

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00107

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Suzanne S. Homme

Mailing Address 1 Strauss Terrace

City

Rancho Mirage

State

CA

Zip Code

92270-4075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Contractor

Occupation
Travel Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00108

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert G. Watt

Mailing Address 4170 Whitewater Creek Road N.W.

City State Zip Code
Atlanta GA 30327-3945

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00109

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John B. Hanriot

Mailing Address 4775 Collins Avenue
 Apartment 2604

City State Zip Code
Miami Beach FL 33140-3267

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00110

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms. Julie Wiebe

Mailing Address 4520 W. Bryce Lane

City State Zip Code
Glendale AZ 85301-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bard Medical

Occupation
Register Nurse - Medical Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00111

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John P. Cline

Mailing Address 13002 Beverly Street

City

Leawood

State

KS

Zip Code

66209-3654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cline Wood Agency, Inc.Occupation
Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00112

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Christopher A. Carroll

Mailing Address 221 Rossiter Street

City

Shreveport

State

LA

Zip Code

71105-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Co-Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00113

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Billye Bowles

Mailing Address 12101 N.W. 9Th Avenue

City

Vancouver

State

WA

Zip Code

98685-2477

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00114

Amount of Each Receipt this Period

330.00

SUBTOTAL of Receipts This Page (optional)

1130.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Fred L. Ames

Mailing Address 1776 Brentridge Street

City

Vienna

State

VA

Zip Code

22182-2577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Federal Government

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00115

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald P. Martinez

Mailing Address 8305 Bluffview Way

City

Colorado Springs

State

CO

Zip Code

80919-4501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00116

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Hgray Broughton

Mailing Address 3208 Monument Avenue

City

Richmond

State

VA

Zip Code

23221-1313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00117

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. David Ermer

Mailing Address 7827 Aberdeen Rd

City

Bethesda

State

MD

Zip Code

20814-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ermer and Brownell, PlcOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	0	9

Transaction ID: 2009M02L11AI00118

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Cynthia S. Bettag-Smith

Mailing Address PO Box 127

City

Mariah Hill

State

IN

Zip Code

47556-0127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doyenne Constructors, LlcOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	0	9

Transaction ID: 2009M02L11AI00119

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Jody J. Burgum

Mailing Address P.O. Box 206

City

Arthur

State

ND

Zip Code

58006-0206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	0	9

Transaction ID: 2009M02L11AI00120

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Weed

Mailing Address 366 Lytton Ave

City

Palo Alto

State

CA

Zip Code

94301-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00121

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Homer B. Jameson

Mailing Address 2517B E. Colonial Drive

City

Orlando

State

FL

Zip Code

32803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00122

Amount of Each Receipt this Period

660.00

C.

Full Name (Last, First, Middle Initial)

Mr. Carl E. Newsome

Mailing Address 5851 Water Ridge Drive

City

Arlington

State

TX

Zip Code

76016-1166

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00123

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Linus Koopmeiners

Mailing Address 18254 Red Maple Drive

City

Albany

State

MN

Zip Code

56307-4504

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00124

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Jacqueline K. Swoyer

Mailing Address 7541 Carillon Plaza W.

City

Woodbury

State

MN

Zip Code

55125-1602

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00125

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Christopher G. Rehme

Mailing Address 12664 Shorevista Drive

City

Indianapolis

State

IN

Zip Code

46236-9342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology, Inc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00126

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

895.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Peter P. Genero

Mailing Address 1904 York Court

City

Fort Pierce

State

FL

Zip Code

34982-5639

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00127

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Ms. Barbara Jean Layten

Mailing Address 406 W. Main Street

City

Downs

State

IL

Zip Code

61736-9490

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00128

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Lisle George Neher

Mailing Address 320 N. Bryan Street

City

Arlington

State

VA

Zip Code

22201-1421

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00129

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 1540
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard T. Cuniff, Sr.

Mailing Address 14 E. Gate Road

City

Lloyd Harbor

State

NY

Zip Code

11743-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ruane, Cuniff & Goldfarb
Inc.

Occupation

Investment Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00130

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert D. Koenen

Mailing Address 3109 Pine Oaks Way

City

Herndon

State

VA

Zip Code

20171-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Howrey, L.L.P.

Occupation

Operator Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00131

Amount of Each Receipt this Period

360.00

C.

Full Name (Last, First, Middle Initial)

Mr. William C. Haas

Mailing Address 1817 24Th Street S.

City

Arlington

State

VA

Zip Code

22202-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Investment Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00132

Amount of Each Receipt this Period

330.00

SUBTOTAL of Receipts This Page (optional)

1690.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Kelly F. McCann, Sr.

Mailing Address 4919 Woodall Street

City

Dallas

State

TX

Zip Code

75247-6710

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00133

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donovan Jenks

Mailing Address 6625 Cantaloupe Avenue

City

Van Nuys

State

CA

Zip Code

91405-4804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00134

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael L. Wamboldt

Mailing Address 107 Rose Common Court
11

City

Garner

State

NC

Zip Code

27529

FEC ID number of contributing
federal political committee.

C

Name of Employer
I.B.M.

Occupation
Software Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00135

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

970.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jane Loo

Mailing Address 17 5Th Street

City

Colorado Springs

State

CO

Zip Code

80906-3627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	0	9

Transaction ID: 2009M02L11AI00136

Amount of Each Receipt this Period

260.00

B.

Full Name (Last, First, Middle Initial)

Mr. Walter S. Tanberg

Mailing Address 100 W. Moore Road

City

Pharr

State

TX

Zip Code

78577-6706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	0	9

Transaction ID: 2009M02L11AI00137

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. C. Webb Williams

Mailing Address 11 Colonial Lane

City

Riverside

State

CT

Zip Code

06878-2301

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	0	9

Transaction ID: 2009M02L11AI00138

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. W. James Aiken, Jr.

Mailing Address 3020 Scottish Rite Lane

City State Zip Code
Sewickley PA 15143-2420

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00139

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John N. Charnock, Jr.

Mailing Address P.O. Box 207
523 Peoples Building

City State Zip Code
Charleston WV 25321-0207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00140

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Lois I. Bonine

Mailing Address 2114 Buckingham Lane

City State Zip Code
Naples FL 34112-5413

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00141

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph S. Gloyd

Mailing Address 3 Penny Lane Court

City

Wilmington

State

DE

Zip Code

19803-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Veterinarian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00142

Amount of Each Receipt this Period

245.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Catherine Burleigh

Mailing Address 11213 E. Bend Road

City

Union

State

KY

Zip Code

41091-8171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00143

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jack Spencer

Mailing Address 2 Dove Ct

City

Ocean View

State

DE

Zip Code

19970-9017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00144

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1745.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Edward S. Olson, Jr.

Mailing Address P.O. Box 1075

City

Easley

State

SC

Zip Code

29641-1075

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00145

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Ingegerd Mundheim

Mailing Address 340 E. 72Nd Street

City

New York

State

NY

Zip Code

10021-4768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00146

Amount of Each Receipt this Period

245.00

C.

Full Name (Last, First, Middle Initial)

Ms. Evelyn Wilshere

Mailing Address 69 Elm Street

City

Cooperstown

State

NY

Zip Code

13326-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00147

Amount of Each Receipt this Period

310.00

SUBTOTAL of Receipts This Page (optional)

655.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Lt. Gen. Rolland V. Heiser

Mailing Address 4104 Las Palmas Way

City

Sarasota

State

FL

Zip Code

34238-4532

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00148

Amount of Each Receipt this Period

245.00

B.

Full Name (Last, First, Middle Initial)

Dr. Donald C. Barton

Mailing Address 1014 Circle Drive

City

Corbin

State

KY

Zip Code

40701-2118

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00149

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Henry & Ardagh Kistler

Mailing Address 75 Sea View Avenue

City

Piedmont

State

CA

Zip Code

94611-3556

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00150

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 1540
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Nancy H. Logan

Mailing Address 1510 Springmoor Circle

City

Raleigh

State

NC

Zip Code

27615-5704

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00151

Amount of Each Receipt this Period

245.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. T. P. & Carol Sauber

Mailing Address 8434 Lavelle Road

City

Athens

State

OH

Zip Code

45701-9189

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00152

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ace Blackburn, Jr.

Mailing Address 17005 Dos Amigos Way

City

Poway

State

CA

Zip Code

92064-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trango Systems, Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00153

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

795.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Cmsgt Raymond W. Jarman, USAF (Ret)

Mailing Address 4581 Granada Avenue

City State Zip Code
Riverside CA 92504-2226

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00154

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
Mr. A. S. Price, Jr.

Mailing Address 1815 Enclave Parkway
Apartment 4301

City State Zip Code
Houston TX 77077-3666

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00155

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)
Ms. Barbara Jean Layten

Mailing Address 406 W. Main Street

City State Zip Code
Downs IL 61736-9490

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00156

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

455.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard C. Goven

Mailing Address 1878 Parliament Drive

City State Zip Code
Colorado Springs CO 80920-3890

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00157

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charles H. Wolfinger

Mailing Address 219 Chandler Drive

City State Zip Code
West Chester PA 19380-6810

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 ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00158

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Peter H. Johnson

Mailing Address P.O. Box 438

City State Zip Code
Saint Albans MO 63073-0438

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00159

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Ayotte

Mailing Address 4700 Indian Hills Green

City

Louisville

State

KY

Zip Code

40207-1849

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00160

Amount of Each Receipt this Period

245.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ralph G. Hoard

Mailing Address 1444 Madrona Drive

City

Seattle

State

WA

Zip Code

98122-6588

FEC ID number of contributing
federal political committee.

C

Name of Employer
Icicle Seafoods, Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00161

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bill D. Shields

Mailing Address 2652 Grubb Road

City

Wilmington

State

DE

Zip Code

19810-2451

FEC ID number of contributing
federal political committee.

C

Name of Employer
G.E.H.R. Plastics U.S.A.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00162

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

845.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 61 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Carl E. Newsome

Mailing Address 5851 Water Ridge Drive

City

Arlington

State

TX

Zip Code

76016-1166

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00163

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Sadaqat Jaweed

Mailing Address 52 Riley Road

City

Celebration

State

FL

Zip Code

34747-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nationwide Tax

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00164

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Hideo Izumoto

Mailing Address 801 Rocky Hill Fountain Drive

City

Myersville

State

MD

Zip Code

21773

FEC ID number of contributing
federal political committee.

C

Name of Employer
God's Creation, Inc.

Occupation
Shinto Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00165

Amount of Each Receipt this Period

390.00

SUBTOTAL of Receipts This Page (optional)

1040.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 62 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Alfred E. Wittinger

Mailing Address 3624 Longfellow Avenue

City

Minneapolis

State

MN

Zip Code

55407-2922

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00166

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Marie Oslund

Mailing Address 38451 Shana Drive

City

Clinton Township

State

MI

Zip Code

48036-1883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bathtub Liner Company

Occupation
President & Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00167

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Gene Haley

Mailing Address P. O. Box 839

City

Kermit

State

TX

Zip Code

79745-0839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Ranching

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00168

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 63 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. David Hensley

Mailing Address P.O. Box 94685

City

Pasadena

State

CA

Zip Code

91109-4685

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00169

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Peter D. Fleming

Mailing Address 1022 Route 211 W.

City

Middletown

State

NY

Zip Code

10940-7637

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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00170

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms. Isabel B. Drzewiecki

Mailing Address 439 Main Street

City

Manasquan

State

NJ

Zip Code

08736-3818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barrier Therapeutics, Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00171

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Col. & Mrs William E. Sherman

Mailing Address 4269 Wiltshire Place

City

Dumfries

State

VA

Zip Code

22025-3148

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Department Of Defense

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00172

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Miss Louise C. Brown

Mailing Address 465 Broyles Lane

City

Bristol

State

TN

Zip Code

37620-0715

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00173

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms. Melissa H. Little

Mailing Address 1212 Sheridan Drive

City

Joplin

State

MO

Zip Code

64801-1070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blake A. Little, M.D., L.-
L.C.

Occupation
Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00174

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Vi Quoc Lam

Mailing Address 1450 W. Bahia Court

City

Gilbert

State

AZ

Zip Code

85233-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nail 8000 Waxing

Occupation

Nail Teacher

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00175

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph P. Brown

Mailing Address 15 Pinecrest Road

City

Thousand Oaks

State

CA

Zip Code

91361-1147

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00176

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Julian Hansakul

Mailing Address 37 Parker Blvd.

City

Monsey

State

NY

Zip Code

10952-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer
N.Y.C. Dept. Of Small Bus-
iness Svcs.

Occupation

Cost Accountant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00177

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Julian Hansakul

Mailing Address 37 Parker Blvd.

City

Monsey

State

NY

Zip Code

10952-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer
N.Y.C. Dept. Of Small Bus-
iness Svcs.

Occupation

Cost Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00178

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Ms Ramona Saldamando

Mailing Address 123 W. 92Nd Street

City

New York

State

NY

Zip Code

10025-7577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00179

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Ms. Rosemarie A. Fiumara

Mailing Address 1306 Lewis O. Gray Drive

City

Saugus

State

MA

Zip Code

01906-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Of Massachus-
etts

Occupation

Administrative Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00180

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

920.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen F. Whearty, III

Mailing Address 105 Concord Avenue

City

Wilmington

State

DE

Zip Code

19803-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	0	9

Transaction ID: 2009M02L11AI00181

Amount of Each Receipt this Period

1100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Anders O. Field

Mailing Address P.O. Box 8630

City

Incline Village

State

NV

Zip Code

89452-8630

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	0	9

Transaction ID: 2009M02L11AI00182

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Cmsgt Raymond W. Jarman, USAF (Ret)

Mailing Address 4581 Granada Avenue

City

Riverside

State

CA

Zip Code

92504-2226

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	0	9

Transaction ID: 2009M02L11AI00183

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Ronald G. Woodall

Mailing Address 5230 Braesvalley Drive

City

Houston

State

TX

Zip Code

77096-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Refrigerated Foods

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00184

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Ms. Marcia R. Phillips

Mailing Address 22 Continental Drive

City

Valley Forge

State

PA

Zip Code

19481

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00185

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. James F. De Les Dernier

Mailing Address 9502 Lakewater Court

City

Richmond

State

VA

Zip Code

23229-6010

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00186

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)

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

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

FOR LINE NUMBER: PAGE 69 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Michael R. Stafford

Mailing Address P.O. Box 688

City

Spotsylvania

State

VA

Zip Code

22553-0688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: 2009M02L11AI00187

Amount of Each Receipt this Period

330.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul B. Newhouse

Mailing Address 25 Norwood Avenue
Apartment 3

City

Summit

State

NJ

Zip Code

07901-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guy Carpenter & Co Llc

Occupation
Reinsurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00188

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Diana S. Williams

Mailing Address 1901 Golfview Dr.

City

Urbana

State

IL

Zip Code

61801-1114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Williams Business In-
teriors

Occupation
Interior Designer & Antique Appraiser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00189

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

830.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Kimberly M Colonna

Mailing Address 5435 Park Ln

City

Dallas

State

TX

Zip Code

75220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00190

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James A. Sundahl

Mailing Address 442 Tremingham Way

City

Venice

State

FL

Zip Code

34293-4430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sundahl & Co., Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00191

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Joanne H. Jennings

Mailing Address 18777 Grove Church Court

City

Leesburg

State

VA

Zip Code

20175-9067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00192

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Ridout

Mailing Address 304 Lavender Ln

City

Kennet Sq

State

PA

Zip Code

19348-2583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Management Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00193

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Jean L. Puleo

Mailing Address 18600 Haskins Road

City

Chagrin Falls

State

OH

Zip Code

44023-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayfield City Schools

Occupation

Teacher

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00194

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Patricia A Finch

Mailing Address 43 Wolf Ridge Drive

City

Holland

State

OH

Zip Code

43528-9467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional Skills Insti-
tute

Occupation

Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00195

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. Marc R. Surette

Mailing Address 9405 Old Reserve Way

City

Fairfax

State

VA

Zip Code

22031-4737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Net Applications

Occupation

Sales Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Transaction ID: 2009M02L11AI00196

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Almond, Jr.

Mailing Address 1851 Homestead Avenue N.E.

City

Atlanta

State

GA

Zip Code

30306-3163

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Transaction ID: 2009M02L11AI00197

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Edward W Carter

Mailing Address 839 Homagen Ln

City

Providence

State

NC

Zip Code

27315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Transaction ID: 2009M02L11AI00198

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Andres F. Villa

Mailing Address 10004 Wurzbach Road PMB 267

City

San Antonio

State

TX

Zip Code

78230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meyer, Villa & Associates

Occupation

Chief Operating Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00199

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Virginia D. Long

Mailing Address 22946 Espada Drive

City

Salinas

State

CA

Zip Code

93908-1015

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00200

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Edward Y. Chapin, III

Mailing Address P.O. Box 175

City

Lookout Mountain

State

TN

Zip Code

37350-0175

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00201

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Caleb Loring, Jr.

Mailing Address P.O. Box 235

City

Prides Crossing

State

MA

Zip Code

01965

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 ▼

1620.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00202

Amount of Each Receipt this Period

1620.00

B.

Full Name (Last, First, Middle Initial)

Mr. James V. Bitner

Mailing Address P.O. Box 610

City

Rockport

State

ME

Zip Code

04856-0610

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00203

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael A. Johnston

Mailing Address 120 Indian Hammock Lane

City

Ponte Vedra

State

FL

Zip Code

32082-2155

FEC ID number of contributing
federal political committee.

C

Name of Employer
N.H.B. Holding

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00204

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

3870.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Linda D. Gray

Mailing Address 305 Westlake Drive

City

Austin

State

TX

Zip Code

78746-5305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Two Hills Studio, Inc.

Occupation
C.F.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00205

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Trumbull L. Richard

Mailing Address P.O. Box 1777

City

La Jolla

State

CA

Zip Code

92038-1777

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00206

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Susan H. Carlyle

Mailing Address 1611 North Blvd.

City

Houston

State

TX

Zip Code

77006-6329

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00207

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Ralph R. Carruthers

Mailing Address 601 Glenway Drive

City

Hamilton

State

OH

Zip Code

45013-3578

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00208

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Emad Al-Zaben

Mailing Address 11614 Parkhurst Square

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing
federal political committee.

C

Name of Employer
B.S.B.C.

Occupation
General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00209

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alvin C. Marsh, Jr.

Mailing Address 481 Hillcrest Drive N.E.

City

New Phila

State

OH

Zip Code

44663-2766

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00210

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Charles E. Kirsch

Mailing Address 110 Sota Drive

City

Jupiter

State

FL

Zip Code

33458-7726

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00211

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Julia Fry

Mailing Address 998 21 1/2 Road

City

Grand Junction

State

CO

Zip Code

81505-9302

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00212

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alfred G. Gerosa

Mailing Address 720 Milton Road
Apartment N2B

City

Rye

State

NY

Zip Code

10580-3251

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00213

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Sandre Lustine

Mailing Address 550 S. Ocean Blvd.
Penthouse 5

City State Zip Code
Boca Raton FL 33432-6287

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00214

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael R. Edwards

Mailing Address 34469 Doe Run

City State Zip Code
Lewes DE 19958-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sussex Emergency Associat-
es

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00215

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alan Small

Mailing Address 86 Buckfield Lane

City State Zip Code
Greenwich CT 06831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00216

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Rayford Bowden

Mailing Address P.O. Box 5

City

Kosse

State

TX

Zip Code

76653-0005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00217

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Mr. Alan Pettit

Mailing Address 3624 Snowy Pines Street

City

Las Vegas

State

NV

Zip Code

89147-6752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00218

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Cynthia H. Murphy

Mailing Address 503 Ridgcrest Lane

City

Lebanon

State

TN

Zip Code

37087-1363

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00219

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

585.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Frederick Warren Morris

Mailing Address 17817 Stoneridge Drive

City

North Potomac

State

MD

Zip Code

20878-1019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intelsat

Occupation

Product Management

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00220

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Hazen Lester

Mailing Address 118 Hillcrest Road

City

West Point

State

GA

Zip Code

31833-5208

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00221

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Janice Pagliari

Mailing Address 600 Amberson Avenue

City

Pittsburgh

State

PA

Zip Code

15232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elizabeth Carbide Die Co.,
Inc.

Occupation

C.E.O.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00222

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Alfred H. Ebert

Mailing Address 5123 Bayou Timber Lane

City

Houston

State

TX

Zip Code

77056-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Transaction ID: 2009M02L11AI00223

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. John A. Donohue

Mailing Address 6511 Beverly Avenue

City

Mc Lean

State

VA

Zip Code

22101-5220

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Transaction ID: 2009M02L11AI00224

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Samuel J. Revak

Mailing Address 2491 Linwood Lane

City

Woodbridge

State

VA

Zip Code

22192-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
I.T.E.S.Occupation
Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Transaction ID: 2009M02L11AI00225

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 1540
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Edwin Sandman

Mailing Address 1964 Sw Saint Andrews Drive

City State Zip Code
Palm City FL 34990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00226

Amount of Each Receipt this Period

8800.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Patricia F. Russo

Mailing Address 19-2 Heritage Court

City State Zip Code
Far Hills NJ 07931-2320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alcatel - Lucent

Occupation
Former C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00227

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Anthony Mustillo

Mailing Address 7Parliament Road

City State Zip Code
Sicklerville NJ 08081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intertek Caleb Brett

Occupation
Petro/Chem

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00228

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

10100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William Crane

Mailing Address 863 Pembridge Drive

City

Lake Forest

State

IL

Zip Code

60045-4202

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00229

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Edward A. Potter

Mailing Address 65 Ashlar Village

City

Wallingford

State

CT

Zip Code

06492-3040

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00230

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas P. Black

Mailing Address 43 Jeffrey Road

City

Wayland

State

MA

Zip Code

01778-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fmrco

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00231

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert D. Bilbro

Mailing Address 1011 Pine Street

City

Coronado

State

CA

Zip Code

92118-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bilbro Management IncOccupation
Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Transaction ID: 2009M02L11AI00232

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joe R. Klutts

Mailing Address P.O. Box 81218

City

Lafayette

State

LA

Zip Code

70598-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Geologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Transaction ID: 2009M02L11AI00233

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Beard

Mailing Address 1920 Glynnwood Drive

City

Bartlesville

State

OK

Zip Code

74006-6213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Oil and Gas Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Transaction ID: 2009M02L11AI00234

Amount of Each Receipt this Period

280.00

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Phyllis J. Ciez

Mailing Address 11524 119Th Avenue

City

Cedar Lake

State

IN

Zip Code

46303-9769

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00235

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert G. Lambert

Mailing Address 5240 Royal Crest Drive

City

Dallas

State

TX

Zip Code

75229-5539

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00236

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Sheila Rutherford

Mailing Address 2107 Crystal Street

City

Los Angeles

State

CA

Zip Code

90039-2901

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00237

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 86 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Ralph E. Jackson, Jr.

Mailing Address 6597 Nicholas Blvd.
Apartment 1704

City	State	Zip Code
Naples	FL	34108-7272

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Transaction ID: 2009M02L11AI00238

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Stevens

Mailing Address 1919 Lakeside Drive N.

City	State	Zip Code
Amelia Island	FL	32034-5241

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Transaction ID: 2009M02L11AI00239

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard S. Palmer

Mailing Address 30 Hazard Road

City	State	Zip Code
Newport	RI	02840-4260

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Transaction ID: 2009M02L11AI00240

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Brian L. Edminster

Mailing Address 6811 Whistling Swan Way

City

New Market

State

MD

Zip Code

21774-6832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Computer Consulting

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00241

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Ada A. Strassenburgh

Mailing Address P.O. Box 608

City

Ocean View

State

NJ

Zip Code

08230-0281

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00242

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dan Paul

Mailing Address 103 Waverly Place

City

New York

State

NY

Zip Code

10011-9110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Square Hotel

Occupation

Hotel Administration

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00243

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Ann Brandau

Mailing Address 4033 Mary Drive

City

Onalaska

State

WI

Zip Code

54650-8427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00244

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Ms. Phyllis M. Bredice

Mailing Address 3005 S. Leisure World Boulevard
Apartment 507

City

Silver Spring

State

MD

Zip Code

20906-8334

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00245

Amount of Each Receipt this Period

475.00

C.

Full Name (Last, First, Middle Initial)

Col. Gustav J. Braun, Jr.

Mailing Address 3104 Little Creek Lane

City

Alexandria

State

VA

Zip Code

22309-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00246

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

905.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Dorothy A. Eichelman

Mailing Address 6760 Slacks Road

City

Eldersburg

State

MD

Zip Code

21784-6207

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00247

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr. William Ezzell

Mailing Address 5187 37Th Rd. N.

City

Arlington

State

VA

Zip Code

22207-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deloitte L.L.P.

Occupation
C.P.A.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00248

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dorothy L. Gillespie

Mailing Address 307 Katie Avenue

City

Hattiesburg

State

MS

Zip Code

39401-4336

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00249

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Ruth B. Harbison

Mailing Address 4301 Sheep's Run

City

Lafayette Hill

State

PA

Zip Code

19444-1020

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00250

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Jim & Jerri Clark

Mailing Address 34833 Highway 95

City

Parma

State

ID

Zip Code

83660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alexander Clark Bus. Froms

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00251

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Reynold Mc Meen

Mailing Address 1924 Westridge Drive

City

Broken Bow

State

NE

Zip Code

68822

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00252

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 91 / 1540
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. H. Eugene Trotter

Mailing Address 3064 Luvan Boulevard

City State Zip Code
Georgetown SC 29440

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00253

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lawrence Hardwicke

Mailing Address 1625 Westwood Drive

City State Zip Code
Abilene TX 79603-4253

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00254

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Ms. Laurie H. Drake

Mailing Address 23 Sumner Hill Road

City State Zip Code
Mankato MN 56001

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00255

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. James Breeding

Mailing Address 4986 Maple Glen Place

City

Sanford

State

FL

Zip Code

32771-7183

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00256

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Mary J. Musial

Mailing Address 935 Montgomery Avenue

City

Ventura

State

CA

Zip Code

93004-2112

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00257

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Mary L. Meltzer

Mailing Address 14 Edgecomb Road

City

Binghamton

State

NY

Zip Code

13905-4017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00258

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 93 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Michael G. Gangel

Mailing Address 11628 Brookwood Avenue

City

Shawnee Mission

State

KS

Zip Code

66211-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chad Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00259

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gilbert Rogerson

Mailing Address 4314 Saratoga Hill Road

City

Louisville

State

KY

Zip Code

40299-8305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00260

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Mr. John H. Sundstrom

Mailing Address 405 Roseneath Road

City

Richmond

State

VA

Zip Code

23221-2341

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00261

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 94 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James A. Smith

Mailing Address 2562 Treasure Drive
 Apartment S4102

City State Zip Code
Santa Barbara CA 93105-4104

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00262

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Ms. Janis Y. Rhodes

Mailing Address 23 Chamonix

City State Zip Code
Laguna Niguel CA 92677-8904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parsons Corporation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00263

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mack Greene

Mailing Address 241 Mountain Brook Cove

City State Zip Code
Eads TN 38028-8012

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00264

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Patricia A. Kirby

Mailing Address 17 Wild Rose Court

City

Columbia

State

SC

Zip Code

29229-8867

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00265

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Patricia Phillips

Mailing Address 2208 Stefan Drive

City

Dunn Loring

State

VA

Zip Code

22027-1040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tetratech

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00266

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Bettylou Cole

Mailing Address 816 Forest Hills Drive

City

Nashville

State

TN

Zip Code

37220-2102

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00267

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 96 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Jack Kelso

Mailing Address 1309 Mount Vernon Street

City

Ennis

State

TX

Zip Code

75119-2114

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI00268

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Katherine Weiss

Mailing Address 4676 Skyview Dr

City

Glenville

State

PA

Zip Code

17329-9275

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00269

Amount of Each Receipt this Period

710.00

C.

Full Name (Last, First, Middle Initial)

Ms. Carolyn E. Chisano

Mailing Address 6222 Kingbird Manor Drive

City

Lithia

State

FL

Zip Code

33547-5049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chisano Marketing

Occupation
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00270

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

1180.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Jennifer A. Warren

Mailing Address 330 North Royal St

City

Alexandria

State

VA

Zip Code

22314-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lockheed Martin

Occupation

Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00271

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Annie L. Henley

Mailing Address 208 Holiday Road

City

Brandon

State

MS

Zip Code

39042-8834

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00272

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard Hutson

Mailing Address 64 Broad Street

City

Charleston

State

SC

Zip Code

29401-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00273

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 98 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David M. Shemwell

Mailing Address 15538 Se 79th Pl

City

Newcastle

State

WA

Zip Code

98059-9227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laser Guidance, Inc.

Occupation

Aero Space Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00274

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald D. Smith

Mailing Address 315 N. Market Street

City

Maryville

State

MO

Zip Code

64468-1645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Lumberyard Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00275

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Suzanne Mc Farlane

Mailing Address 3907 Sidehill Path

City

Austin

State

TX

Zip Code

78731-1417

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00276

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Richard Hayden

Mailing Address 1825 Palisades Terrace

City State Zip Code
Lake Oswego OR 97034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00277

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lee Pearlman

Mailing Address 46 Hickory St

City State Zip Code
Floral Park NY 11001-3116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Investor/Entrepenuer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00278

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Cuthbert P. Gorman, Jr.

Mailing Address 9545 Tamarack Drive

City State Zip Code
Indianapolis IN 46260-1295

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00279

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Deborah H. Doolittle

Mailing Address 103 Jean Circle

City

Jacksonville

State

NC

Zip Code

28540-5312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Carolina Community
College

Occupation

College Instructor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00280

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Martha Adair

Mailing Address 400 Farrell Drive
Apartment 246

City

Covington

State

KY

Zip Code

41011-5133

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00281

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. Frank Sessions

Mailing Address 1020 Citrus Island

City

Fort Lauderdale

State

FL

Zip Code

33315-1318

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00282

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

645.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. Gilbert H. Stannard

Mailing Address 2293 B. Villa Drive

City

Sister Bay

State

WI

Zip Code

54234

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	8	/	2	0	0	9

Transaction ID: 2009M02L11AI00283

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Brenda Cotter

Mailing Address P.O. Box 459

City

Stockdale

State

TX

Zip Code

78160-0459

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	8	/	2	0	0	9

Transaction ID: 2009M02L11AI00284

Amount of Each Receipt this Period

255.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard Field

Mailing Address 5630 Sullivan Trail

City

Easton

State

PA

Zip Code

18040-6501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Golf Course Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	8	/	2	0	0	9

Transaction ID: 2009M02L11AI00285

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Ray A. Bowser

Mailing Address 17 Plum Tree Drive

City

Sewell

State

NJ

Zip Code

08080-2420

FEC ID number of contributing
federal political committee.

C

Name of Employer
R. H. Inc.

Occupation

Mechanic Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00286

Amount of Each Receipt this Period

205.00

B.

Full Name (Last, First, Middle Initial)

Mr. James B. Maddox

Mailing Address 5009 N. Eagle Branch Drive

City

Muncie

State

IN

Zip Code

47304-6090

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00287

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Low

Mailing Address 218 Jasmine Way

City

Danville

State

CA

Zip Code

94506-4734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Times Printing Company

Occupation

Commercial Printing Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00288

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

580.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 103 / 1540
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas G. Johnson, Jr.

Mailing Address 12010 Taylor Landing

City State Zip Code
Knoxville TN 32902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Restaurant Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00289

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jerome Coyne

Mailing Address 7825 W. 400 N.

City State Zip Code
Michigan City IN 46360-2909

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00290

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles H. Crusan, Sr

Mailing Address 82 Distillery Hill Rd.

City State Zip Code
Benton PA 17814-8106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crusan Controls Corporati-
on

Occupation
Control Sytem Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00291

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 104 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Dale R. Brott

Mailing Address 1850 Raber Road

City

Uniontown

State

OH

Zip Code

44685

FEC ID number of contributing
federal political committee.

C

Name of Employer
D.R.B. Systems, Inc.

Occupation

Computer Software

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00292

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Richard B. Warner

Mailing Address 3 North 618 Trotter Lane

City

Saint Charles

State

IL

Zip Code

60175

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00293

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Col. & Mrs William E. Sherman

Mailing Address 4269 Wiltshire Place

City

Dumfries

State

VA

Zip Code

22025-3148

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Department Of Defense

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00294

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Lannie A. Ralenkotter

Mailing Address 202 Bartlett Avenue
 Apartment 4

City Erlanger State KY Zip Code 41018-1664

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Arvin Meritor

Occupation
 Warehouse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00295

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Charlotte Bernhardt

Mailing Address 11733 Watertown Plank Road

City Wauwatosa State WI Zip Code 53226-3340

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00296

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gerald M. Cole

Mailing Address 680 N. Lake Shore Drive
 Unit 824

City Chicago State IL Zip Code 60611-8702

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Advertising Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00297

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 106 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Nelson

Mailing Address 1901 N. 73rd Avenue

City

Elm Wood Park

State

IL

Zip Code

60707-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Offset Press, Inc.

Occupation

Printing Salesman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Transaction ID: 2009M02L11AI00298

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. David K. Stadtherr

Mailing Address 245 Langen Road

City

Lancaster

State

MA

Zip Code

01523-2525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nypro, Inc.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Transaction ID: 2009M02L11AI00299

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Art Barber

Mailing Address 724 Shore Drive

City

Edgewater

State

MD

Zip Code

21037-2142

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Transaction ID: 2009M02L11AI00300

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Gary Harmon

Mailing Address 273 Austin Avenue

City

Atherton

State

CA

Zip Code

94027-4005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00301

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Angela Morales

Mailing Address 935 Millbrae Avenue

City

Millbrae

State

CA

Zip Code

94030-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Francisco Department
Of Public Health

Occupation
Public Health Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00302

Amount of Each Receipt this Period

130.00

C.

Full Name (Last, First, Middle Initial)

Mr. George Mc Kee

Mailing Address 21 Atherton Avenue

City

Atherton

State

CA

Zip Code

94027-4047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00303

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Myra J. Asplundh

Mailing Address P.O. Box 11

City

Bryn Athyn

State

PA

Zip Code

19009-0011

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00304

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Dino E.P. Mc Curdy

Mailing Address 801 Yale Avenue
The Strath Haven

City

Swarthmore

State

PA

Zip Code

19081-1816

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 ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00305

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Renga Rajan

Mailing Address 774 Conshohocken State Road

City

Bala Cynwyd

State

PA

Zip Code

19004

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00306

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William R. Goldammer

Mailing Address P.O. Box 706

City

Fish Creek

State

WI

Zip Code

54212-0706

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00307

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Marion Blakemore

Mailing Address 3301 Eagle Cove

City

Midland

State

TX

Zip Code

79707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Business Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00308

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Herber L. Smith, III

Mailing Address 116 Horseshoe Road

City

Mill Neck

State

NY

Zip Code

11765-1004

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00309

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Clarice Hunter

Mailing Address 423 Halsey Street
 1St Floor

City State Zip Code
 Brooklyn NY 11233-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Robert & Flora Thoring &
 Trucking, Inc

Occupation
 Data Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00310

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Zant

Mailing Address 3301 Highway 137

City State Zip Code
 Stanton TX 79782-5003

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00311

Amount of Each Receipt this Period

245.00

C.

Full Name (Last, First, Middle Initial)

Mr. Harold E. Pennington

Mailing Address 7 Bliss Road

City State Zip Code
 New Preston CT 06777-1018

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00312

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Gordon W. Stewart

Mailing Address P.O. Box 474

City

Sonora

State

TX

Zip Code

76950-0474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00313

Amount of Each Receipt this Period

195.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas R. Mullen

Mailing Address 5811 93Rd Street

City

Lubbock

State

TX

Zip Code

79424-3636

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00314

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Peter R. Harader

Mailing Address 2100 S. 260Th Street
Apartment N101

City

Des Moines

State

WA

Zip Code

98198-9075

FEC ID number of contributing
federal political committee.

C

Name of Employer
D.H.S.-C.B.P.

Occupation
A.G. Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00315

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

945.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Diana Seen

Mailing Address 912 Plattner Court

City

Annapolis

State

MD

Zip Code

21401-6975

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pay Dirt Llc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00316

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donald J. Broadbent

Mailing Address 8308 Colby Parkway
Apartment 228

City

Urbandale

State

IA

Zip Code

50322-7008

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00317

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas Stevens

Mailing Address 1919 Lakeside Drive N.

City

Amelia Island

State

FL

Zip Code

32034-5241

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00318

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Claude H. Booker, Jr.

Mailing Address P.O. Box 30172

City

Sea Island

State

GA

Zip Code

31561-0172

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 ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00319

Amount of Each Receipt this Period

305.00

B.

Full Name (Last, First, Middle Initial)

Ms. Ellen B. Cadick

Mailing Address 2555 S. Atlantic Avenue
Apartment 202

City

Daytona Beach

State

FL

Zip Code

32118-5531

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00320

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Clarence M. Eidt, Jr.

Mailing Address 16 Eagle Island Place

City

Sheldon

State

SC

Zip Code

29941-3015

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00321

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1005.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 114 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. Guenter L. Spanknebel

Mailing Address 226 Leominster Road

City

Sterling

State

MA

Zip Code

01564-2108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Transaction ID: 2009M02L11AI00322

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Barbara Peters

Mailing Address 22 Hillcrest Drive

City

Great Neck

State

NY

Zip Code

11021-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Transaction ID: 2009M02L11AI00323

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. John G. Branz

Mailing Address 198 Jeanette Street
P.O. Box 575

City

Herscher

State

IL

Zip Code

60941-0575

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Transaction ID: 2009M02L11AI00324

Amount of Each Receipt this Period

205.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Francis J. Jahn

Mailing Address 2208 Seaton Court

City

Champaign

State

IL

Zip Code

61821-6626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meyer Capel, P.C.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00325

Amount of Each Receipt this Period

330.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charles H. Burke

Mailing Address P.O. Box 998

City

Pierre

State

SD

Zip Code

57501-0998

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00326

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dwyer Murphy

Mailing Address 401 Burwash Avenue
Apartment 159

City

Savoy

State

IL

Zip Code

61874-9694

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00327

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

880.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 116 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Dewey Knuth

Mailing Address 72194 Road 437

City

Oxford

State

NE

Zip Code

68967-6734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00328

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Mr. Harold Dye

Mailing Address 212 Kings Bridge N.E.

City

Atlanta

State

GA

Zip Code

30329-2549

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00329

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark W. Tipton

Mailing Address 3445 W. Paces Ferry Court N.W.

City

Atlanta

State

GA

Zip Code

30327-2228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Commerce Bank

Occupation
Banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00330

Amount of Each Receipt this Period

205.00

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Lois H. Lazaro

Mailing Address 6040 River Chase Circle NW

City

Atlanta

State

GA

Zip Code

30328-3561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00331

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Johnnie T. Bishop, Sr.

Mailing Address 53 Farmington Drive

City

Staunton

State

VA

Zip Code

24401-6272

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fisher Auto Parts

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00332

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Solon E. & Johon J. Paul

Mailing Address 211 N. Mallory Street

City

Hampton

State

VA

Zip Code

23663-1646

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00333

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1225.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 118 / 1540
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Mr. & Mrs. Carl J. & Joan Schlemmer

Mailing Address 32P Prioleau Street
 One Vendue Range

City State Zip Code
 Charleston SC 29401

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00334

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Irving Budd Callman

Mailing Address 239 N. Charlotte Street

City State Zip Code
 Lancaster PA 17603-3403

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00335

Amount of Each Receipt this Period

235.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Donald E. Fields

Mailing Address 540 Oakhurst Avenue

City State Zip Code
 Hazard KY 41701-1764

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Perry Dist., Inc.

Occupation
 Wholesale Beer Distributor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00336

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

985.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 119 / 1540
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Bruce P. Bengtson

Mailing Address 91 Cardinal Road

City

Wyomissing

State

PA

Zip Code

19610-2517

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00337

Amount of Each Receipt this Period

205.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Jeffrey E. Soukup

Mailing Address 8 White Pine Lane

City

East Setauket

State

NY

Zip Code

11733-3952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Island Acura

Occupation
Auto Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00338

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. Nicholas D. Latrenta

Mailing Address 11 Blue Sky Lane

City

Montvale

State

NJ

Zip Code

07645-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metlife

Occupation
Insurance/Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00339

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 120 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Herman K. Mc Dowell, Jr.

Mailing Address 1926 Old Humble Mill Road

City

Asheboro

State

NC

Zip Code

27205-7880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00340

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard L. Beasley

Mailing Address P.O. Box 1028

City

Darlington

State

SC

Zip Code

29540-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Bank

Occupation

Banking

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00341

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Franz K. Kraus

Mailing Address 6 Crestwood Court

City

Albany

State

NY

Zip Code

12208-1907

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00342

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 121 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Clara Mirante

Mailing Address 12 Winton Place

City

Yonkers

State

NY

Zip Code

10710-3807

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00343

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Bruce Howes

Mailing Address 1 Mainst

City

Sidney Center

State

NY

Zip Code

13839-0188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Building Supply Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00344

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Millicent Muriel Mishkin

Mailing Address 27010 Grand Central Parkway
Apartment 11G

City

Floral Park

State

NY

Zip Code

11005-1111

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00345

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 122 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Roger C. Davidson

Mailing Address 72 Valley Road

City

Katonah

State

NY

Zip Code

10536-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Musician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00346

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul Amedeo

Mailing Address 54 Horton Street

City

Rye

State

NY

Zip Code

10580-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
C.P.A.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00347

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Joseph R. Blanchard

Mailing Address 39 Reflection Drive

City

Sandwich

State

MA

Zip Code

02563-3109

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00348

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 123 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Frank E. Pickering

Mailing Address 18 Strawberry Hill Lane

City

Danvers

State

MA

Zip Code

01923-1162

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00349

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Hickey

Mailing Address 167 Mendon Road

City

North Attleboro

State

MA

Zip Code

02760-4337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nuwater, Inc.

Occupation
Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00350

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Ms. Emily M. Ertl

Mailing Address 11435 Sabo Road

City

Houston

State

TX

Zip Code

77089-2501

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00351

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 124 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Ed Swendeman

Mailing Address 2 Cold Harbour Lane

City

Woodbury

State

NY

Zip Code

11797-2427

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00352

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Iva Lowry

Mailing Address P.O. Box 370

City

Cairo

State

NE

Zip Code

68824-0370

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00353

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bassam Mattar

Mailing Address 26 N. Sagebrush Circle

City

Wichita

State

KS

Zip Code

67230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00354

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Allen Francis

Mailing Address 140 Center Street

City State Zip Code
Bradford OH 45308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Production Paint Finishers

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00355

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Patricia Kotti

Mailing Address 158 Adams Branch Road

City State Zip Code
North Augusta GA 29860

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00356

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert E. Dickman

Mailing Address 1604 San Jose Forest Court

City State Zip Code
Saint Augustine FL 32080-5425

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00357

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Sherry Massey

Mailing Address 190 Huntington Drive

City

Thomson

State

GA

Zip Code

30824-5438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson R. Massey & Assoc-
iate

Occupation

Office Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00358

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Doris M. Littell

Mailing Address 1228 N. West Street

City

Naperville

State

IL

Zip Code

60563-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00359

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert H. Bellairs

Mailing Address 24 Dockside Lane
P.M.B. 386

City

Key Largo

State

FL

Zip Code

33037

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00360

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

795.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 127 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Colette O. Pollock

Mailing Address 1500 N. Lake Shore Drive

City

Chicago

State

IL

Zip Code

60610-6686

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00361

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Sue F. Childers

Mailing Address 1824 Gold Dr. W.

City

Leadville

State

CO

Zip Code

80461-3776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crisp County School System

Occupation
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00362

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. William A. Parker, Jr.

Mailing Address 1900 Garraux Woods Road N.W.
R.

City

Atlanta

State

GA

Zip Code

30327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00363

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1720.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel J. Hughes

Mailing Address 4216 Alta Vista Court

City

Oceanside

State

CA

Zip Code

92057-7531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00364

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. La Fawn Biddle

Mailing Address P.O. Box 101780

City

Denver

State

CO

Zip Code

80250-1780

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00365

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Tom G. Robinson

Mailing Address 6810 S. Jasmine Court

City

Centennial

State

CO

Zip Code

80112-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Geologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00366

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Anita Amato

Mailing Address 21 Concerto Court

City

Eastport

State

NY

Zip Code

11941-1627

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00367

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)

Mr. A. P. Federbush

Mailing Address 1020 5Th Avenue

City

New York

State

NY

Zip Code

10028-0133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Empire State Development
Corporation

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00368

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stanley S. Martin

Mailing Address 4664 Norwood Road

City

Columbia

State

SC

Zip Code

29206-1111

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00369

Amount of Each Receipt this Period

235.00

SUBTOTAL of Receipts This Page (optional)

595.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Bert & Mary Crosswhite

Mailing Address 34620 S.E. Brooks Road

City
Boring

State
OR

Zip Code
97009-8713

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 ▼

500.00

Date of Receipt

01 / 08 / 2009

Transaction ID: 2009M02L11AI00370

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. La Fawn Biddle

Mailing Address P.O. Box 101780

City
Denver

State
CO

Zip Code
80250-1780

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 ▼

1100.00

Date of Receipt

01 / 08 / 2009

Transaction ID: 2009M02L11AI00371

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Peyton M. Lake

Mailing Address P.O. Box 179

City
Tyler

State
TX

Zip Code
75710-0179

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Lake Ronel Corp.

Occupation
 C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 08 / 2009

Transaction ID: 2009M02L11AI00372

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Lawrence Hardwicke

Mailing Address 1625 Westwood Drive

City

Abilene

State

TX

Zip Code

79603-4253

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00373

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr. J. M. Dyer

Mailing Address P.O. Box 620

City

Corsicana

State

TX

Zip Code

75151-0620

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00374

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Mr. K. P. Thomas

Mailing Address 8200 Horseshoe Bend Lane

City

Las Vegas

State

NV

Zip Code

89113-0127

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00375

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

515.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen Beck

Mailing Address 1750 P. Street Nw
 Apartment 608

City State Zip Code
 Washington DC 20036-1361

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United States Congressman
 Tom Tancredo

Occupation
 Legislative Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00376

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. De L. Halbert

Mailing Address 2008 W. Thelborn Street

City State Zip Code
 West Covina CA 91790-1437

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00377

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph D. Musto

Mailing Address 8 Donnelly Drive

City State Zip Code
 Dover MA 02030-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Requested

Occupation
 Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00378

Amount of Each Receipt this Period

1100.00

SUBTOTAL of Receipts This Page (optional)

1620.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. Jason Bradt

Mailing Address 575 Oxford Lane

City

Lindenhurst

State

IL

Zip Code

60046-7876

FEC ID number of contributing
federal political committee.

C

Name of Employer
baxter healthcare

Occupation

medical director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Transaction ID: 2009M02L11AI00379

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul Wood

Mailing Address 4194E 22Nd Road #E

City

Sheridan

State

IL

Zip Code

60551-9425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chicago Bridge & Iron

Occupation

Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Transaction ID: 2009M02L11AI00380

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Tennyson Williams

Mailing Address 645 Neil Avenue
Apartment 1006

City

Columbus

State

OH

Zip Code

43215-1654

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Transaction ID: 2009M02L11AI00381

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 134 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Paul J. Pangratz

Mailing Address 5210 Daggett Road

City

Girard

State

PA

Zip Code

16417-8803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00382

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Ms. Esther Ferris

Mailing Address 3755 Langhorst Court

City

Cincinnati

State

OH

Zip Code

45236-1549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00383

Amount of Each Receipt this Period

310.00

C.

Full Name (Last, First, Middle Initial)

Ms. Rose Patek

Mailing Address 1461 Peacock Street

City

Sequin

State

TX

Zip Code

78155-4021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.33

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00384

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 135 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. George E. Jenson

Mailing Address 1895 Mayberry Drive

City	State	Zip Code
Reno	NV	89509-2358

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	8	/	2	0	0	9

Transaction ID: 2009M02L11AI00385

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. David Alan Hamilton

Mailing Address 11627 Elm Ridge Road

City	State	Zip Code
San Antonio	TX	78230-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	8	/	2	0	0	9

Transaction ID: 2009M02L11AI00386

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Wayne J. Wolfinger

Mailing Address P.O. Box 370

City	State	Zip Code
Grass Lake	MI	49240-0370

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	8	/	2	0	0	9

Transaction ID: 2009M02L11AI00387

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 136 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Donald & Beverly Chapman

Mailing Address 750 Park Avenue N.E.
Apartment 23S.E.

City Atlanta State GA Zip Code 30326-3271

FEC ID number of contributing
federal political committee.

C

Name of Employer
Opt WorldOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Transaction ID: 2009M02L11AI00388

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Sarah B. Wilson

Mailing Address 715 Renaissance Drive
Apartment 205

City Williamsville State NY Zip Code 14221-8034

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Transaction ID: 2009M02L11AI00389

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ronald B. Hogan, Sr.

Mailing Address 1326 Forest Lawn Drive

City Salem State VA Zip Code 24153-4430

FEC ID number of contributing
federal political committee.

C

Name of Employer
G.E. CompanyOccupation
Wire Assembly Person

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Transaction ID: 2009M02L11AI00390

Amount of Each Receipt this Period

230.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 137 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Betty J. Roberts

Mailing Address 622 Northhill Drive

City

Richardson

State

TX

Zip Code

75080-5112

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00391

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Mr. Rafael Gaytan

Mailing Address 3912 Arbor Road

City

Joplin

State

MO

Zip Code

64804-6035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00392

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas C. Reed

Mailing Address 1410 Alexander Valley Road

City

Healdsburg

State

CA

Zip Code

95448-2010

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00393

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 138 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Marvin Meier

Mailing Address 15775 S.W. Greens Way

City

Tigard

State

OR

Zip Code

97224-4659

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 ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00394

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)

Mr. Todd C. De Garmo

Mailing Address 17 5Th Street S.E.

City

Washington

State

DC

Zip Code

20003-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Studios

Occupation
Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00395

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Albert R. Matney

Mailing Address P.O. Box 690608

City

Orlando

State

FL

Zip Code

32869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00396

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1610.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 139 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Monte L. Newsom

Mailing Address 2817 Chama Street N. E.

City

Albuquerque

State

NM

Zip Code

87110-3554

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00397

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Oakah L. Jones

Mailing Address 1435 Wagon Train Drive S.E.

City

Albuquerque

State

NM

Zip Code

87123-4299

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00398

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Orlando C. Vazquez

Mailing Address 1385 W. 80Th Street

City

Hialeah

State

FL

Zip Code

33014-3451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Maintenance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00399

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. Peter Bartzan

Mailing Address 1808 Grand Avenue

City

Manitowoc

State

WI

Zip Code

54220

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Transaction ID: 2009M02L11AI00400

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Wilson Horsley

Mailing Address 14 Evergreen Lane

City

Andover

State

MA

Zip Code

01810-4411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Transaction ID: 2009M02L11AI00401

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Mr. Wayne R. Keck

Mailing Address 175 West North Street
Apartment 329

City

Nazareth

State

PA

Zip Code

18064-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Transaction ID: 2009M02L11AI00402

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 141 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Raynor A.K. Taylor

Mailing Address 813 Mariposa Court

City

Virginia Beach

State

VA

Zip Code

23455-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	8	/	2	0	0	9

Transaction ID: 2009M02L11AI00403

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ed & Karen Mullaney

Mailing Address 3674 Greenwood Terrace

City

Chalfont

State

PA

Zip Code

18914-3449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	8	/	2	0	0	9

Transaction ID: 2009M02L11AI00404

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Dr. M. Roy Schwarz

Mailing Address 812 Armistead Street

City

Winchester

State

VA

Zip Code

22601-6703

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	8	/	2	0	0	9

Transaction ID: 2009M02L11AI00405

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

970.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 142 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Edward W. Hase

Mailing Address P.O. Box 874

City

Bluefield

State

VA

Zip Code

24605-0879

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00406

Amount of Each Receipt this Period

240.00

B.

Full Name (Last, First, Middle Initial)

Mr. James A. Moore

Mailing Address 290 Hillside Avenue

City

Livingston

State

NJ

Zip Code

07039-3507

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00407

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Norman M. Fidel

Mailing Address 631 Kuliana Court

City

Franklin Lakes

State

NJ

Zip Code

07417-2944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alliance Bernstein L.P.

Occupation
Security Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00408

Amount of Each Receipt this Period

230.00

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 143 / 1540
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Alan Meltzer

Mailing Address 944 Park Avenue
 Floor 8

City State Zip Code
 New York NY 10028

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Wind-Up Entertainment

Occupation
 Chairman/Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00409

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Goldstein

Mailing Address 10 Meadows Lane

City State Zip Code
 Closter NJ 07624-3228

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Lord Abbett

Occupation
 Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00410

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Donald Thomson

Mailing Address 7101 Fellowship Road

City State Zip Code
 Basking Ridge NJ 07920-3911

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Tea Importer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00411

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

2495.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Susan F. Struble

Mailing Address 1015 Fox Hill Road

City

State College

State

PA

Zip Code

16803-1822

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 ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00412

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Mr. Leon Whitney

Mailing Address 3507 Indian Hill Drive

City

Dayton

State

OH

Zip Code

45429-1507

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00413

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Claude V. Offray, Jr.

Mailing Address 360 State Route 24

City

Chester

State

NJ

Zip Code

07930-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Offray Specialty Narrow
Fabrics

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00414

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Vivian C. H. Tse

Mailing Address 955 Park Avenue

City

New York

State

NY

Zip Code

10028-0321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00415

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James L. Reese

Mailing Address 104 Golden Glow Drive

City

Elmira

State

NY

Zip Code

14905-1035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00416

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Daniel D. Sahakian

Mailing Address P.O. Box 649

City

State College

State

PA

Zip Code

16804-0649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00417

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Steven Johanson

Mailing Address 1136 Pleasant Street

City

Forest City

State

IA

Zip Code

50436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00418

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth Freeland

Mailing Address 1785 Wisteria Drive

City

Chambersburg

State

PA

Zip Code

17202-3009

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI00419

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. James Kirk

Mailing Address 6132 Rainbow Heights Rd

City

Fallbrook

State

CA

Zip Code

92028-8847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00420

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1725.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Dottie Collins

Mailing Address 1700 Walker Lane
Suite 3City State Zip Code
Greenville MS 38701FEC ID number of contributing
federal political committee.

C

Name of Employer
Collins Real EstateOccupation
Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Transaction ID: 2009M02L11AI00421

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Miss Kate H. Johnston

Mailing Address 139 Horton

City State Zip Code
Kyle TX 78640FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Transaction ID: 2009M02L11AI00422

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth L. Myracle

Mailing Address 442 State Highway K.

City State Zip Code
Portageville MO 63873-8348FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Wholesale Meat Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Transaction ID: 2009M02L11AI00423

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Pete C. Crow

Mailing Address 1451 W. Dry Creek Road

City

Littleton

State

CO

Zip Code

80120-3271

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Publisher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00424

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Laura J. Allen

Mailing Address 9924 Spirehaven Lane

City

Dallas

State

TX

Zip Code

75238-3466

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Mediator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00425

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Ms. Betty Wilde

Mailing Address 1915 Marlin Drive

City

Ocean City

State

MD

Zip Code

21842-5541

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00426

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Edward Zito

Mailing Address 3810 SW 68th Ave

City

Miami

State

FL

Zip Code

33155-3738

FEC ID number of contributing
federal political committee.

C

Name of Employer
IRS

Occupation

Revenue Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00427

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Linda A. Walgamott

Mailing Address 8808 Cottongrass Street

City

Waldorf

State

MD

Zip Code

20603-4943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rand Corporation

Occupation

Security Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00428

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Christy Moeller

Mailing Address 3449 NW 122nd Ave

City

Sunrise

State

FL

Zip Code

33323-3308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wound Technology Network

Occupation

Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00429

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Vincent Thomsen

Mailing Address 6710 Interbay Blvd

City

Tampa

State

FL

Zip Code

33611-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation

Facilities Design Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00430

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jason Cornwell

Mailing Address 601 Pinewood Drive

City

Nicholasville

State

KY

Zip Code

40356-1374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atm Solutions, Inc

Occupation

Regional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00431

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. William J. Becker

Mailing Address 7714 Signal Hill Road

City

Manassas

State

VA

Zip Code

20111-2516

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00432

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Ralph H. Lane

Mailing Address 6427 Charles Street

City

Racine

State

WI

Zip Code

53402-1523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00433

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Lee White

Mailing Address 2576 Fallen Leaf Lane

City

Charlottesville

State

VA

Zip Code

22901-5224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Uva

Occupation
Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00434

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Vincent B. Burometto

Mailing Address 460 Forbes Avenue
Apartment 316

City

Rensselaer

State

NY

Zip Code

12144-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Na

Occupation
Na

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00435

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Vincent B. Burometto

Mailing Address 460 Forbes Avenue
 Apartment 316

City State Zip Code
 Rensselaer NY 12144-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Na

Occupation
 Na

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00436

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard S. Griffith

Mailing Address 3417 Milam Street

City State Zip Code
 Houston TX 77002-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Richard S Griffith

Occupation
 Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00437

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Katherine Davis

Mailing Address P.O. Box 277

City State Zip Code
 Swan Quarter NC 27885-0277

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Davis and Davis

Occupation
 Bookkeeper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00438

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Johann Skaptason

Mailing Address 15567 Floyd Lane

City

Overland Park

State

KS

Zip Code

66223-3288

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ret.

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00439

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. John M. Romita

Mailing Address 5418 Gerry Lane

City

Crystal Lake

State

IL

Zip Code

60014-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Segerdahl Group

Occupation
Vp Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00440

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. Greg P. Margolis

Mailing Address 17819 Davenport Rd
Suite 210

City

Dallas

State

TX

Zip Code

75252-5894

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hometronics

Occupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00441

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Billy J. Millis

Mailing Address 2502 Barkwood Drive

City

Austin

State

TX

Zip Code

78748-6006

FEC ID number of contributing
federal political committee.

C

Name of Employer
USAF

Occupation

Many Long Years Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Transaction ID: 2009M02L11AI00442

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Billy J. Millis

Mailing Address 2502 Barkwood Drive

City

Austin

State

TX

Zip Code

78748-6006

FEC ID number of contributing
federal political committee.

C

Name of Employer
USAF

Occupation

Many Long Years Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Transaction ID: 2009M02L11AI00443

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Billy J. Millis

Mailing Address 2502 Barkwood Drive

City

Austin

State

TX

Zip Code

78748-6006

FEC ID number of contributing
federal political committee.

C

Name of Employer
USAF

Occupation

Many Long Years Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Transaction ID: 2009M02L11AI00444

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Helen D Morrison

Mailing Address 234 Twelfth Street, S.E.

City

Washington

State

DC

Zip Code

20003-1428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arnold & Porter

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00445

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Helen D Morrison

Mailing Address 234 Twelfth Street, S.E.

City

Washington

State

DC

Zip Code

20003-1428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arnold & Porter

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00446

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Deborah Payne Kelley

Mailing Address 2921 58th Avenue

City

Oakland

State

CA

Zip Code

94605-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer
OUSD

Occupation
Resource Spec/Special Ed Tchr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00447

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Imad Herfy

Mailing Address 14426 Cherry Lake Drive E.

City

Jacksonville

State

FL

Zip Code

32258-5178

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00448

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Imad Herfy

Mailing Address 14426 Cherry Lake Drive E.

City

Jacksonville

State

FL

Zip Code

32258-5178

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00449

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms. Kathe McClelland

Mailing Address 410 E. Princeton Avenue

City

Gilbert

State

AZ

Zip Code

85234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shamrock Farms Company

Occupation
Vp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00450

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert J Hannum, III

Mailing Address 3450 Palencia Dr.
 #1004

City State Zip Code
Tampa FL 33618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00452

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Eric L. Tweedie

Mailing Address 345 Herman Melville Ave.

City State Zip Code
Newport News VA 23606-2959

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00453

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Reafsnyder

Mailing Address 1542 Loma Verde Ln

City State Zip Code
Santa Ana CA 92705-3050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ret.

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00454

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Fermin Adames

Mailing Address 607 N, Central

City

Wood Dale

State

IL

Zip Code

60191

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tempco Electric

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00455

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lou L. Birney

Mailing Address 1625 East 32Nd Street
#1

City

Brooklyn

State

NY

Zip Code

11234

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00456

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lou L. Birney

Mailing Address 1625 East 32Nd Street
#1

City

Brooklyn

State

NY

Zip Code

11234

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00457

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Lou L. Birney

Mailing Address 1625 East 32Nd Street
#1

City State Zip Code
Brooklyn NY 11234

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00458

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lou L. Birney

Mailing Address 1625 East 32Nd Street
#1

City State Zip Code
Brooklyn NY 11234

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00459

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lou L. Birney

Mailing Address 1625 East 32Nd Street
#1

City State Zip Code
Brooklyn NY 11234

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00460

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Lou L. Birney

Mailing Address 1625 East 32Nd Street
#1

City State Zip Code
Brooklyn NY 11234

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00461

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lou L. Birney

Mailing Address 1625 East 32Nd Street
#1

City State Zip Code
Brooklyn NY 11234

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00462

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Walter H. Brewer, Jr.

Mailing Address 8153 E. Anapamu Pl

City State Zip Code
Tucson AZ 85750-2934

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00464

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John J. Heldrich

Mailing Address 239 Harrison Avenue

City

Highland Park

State

NJ

Zip Code

08904-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ret.

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00465

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frederick Lee Harper

Mailing Address 1710 N.E. 68Th Terrace

City

Kansas City

State

MO

Zip Code

64118-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Computer Sciences Corpora-
tion

Occupation
It Project Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00466

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. James E. Orr, Jr.

Mailing Address 2566 Seabrook Island Road

City

Johns Island

State

SC

Zip Code

29455-6006

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00467

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 162 / 1540
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Henry G. Hoffmeyer

Mailing Address 14 Lockwood Drive
 Apartment 7B

City State Zip Code
 Charleston SC 29401-1133

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00468

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Ruth Mc Guire

Mailing Address 6698 Arno Way

City State Zip Code
 Boynton Beach FL 33472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00469

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. William C. Nutting

Mailing Address 3 Isle Ridge West

City State Zip Code
 Hobe Sound FL 33455-2503

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00470

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

925.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Burks

Mailing Address 748 Horizon Blvd.

City State Zip Code
El Paso TX 79927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00471

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Vinod Bhan

Mailing Address 828 Siskiyou Lane

City State Zip Code
Manteca CA 95336-3835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Anesthetist (C.R.N.A.)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00472

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Harry Z. Miller

Mailing Address 118 Golf Terrace Drive

City State Zip Code
Stockbridge GA 30281-6362

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00473

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 164 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Edward T. Gerry

Mailing Address P.O. Box 765

City

South Freeport

State

ME

Zip Code

04078-0765

FEC ID number of contributing
federal political committee.

C

Name of Employer
S.T.S., L.L.C.

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00474

Amount of Each Receipt this Period

1365.00

B.

Full Name (Last, First, Middle Initial)

Mr. R. Kane Rufe

Mailing Address 2575 Grassy Spring Place

City

Las Vegas

State

NV

Zip Code

89135-1603

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00475

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. John R. Evans

Mailing Address 280 Monastery Hill Drive

City

Oconomowoc

State

WI

Zip Code

53066-1524

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00476

Amount of Each Receipt this Period

245.00

SUBTOTAL of Receipts This Page (optional)

1960.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James M. Pete

Mailing Address 1648 Suzanne Drive

City

West Chester

State

PA

Zip Code

19380-1573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arch Insurance Co.

Occupation

Insurance Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00477

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel E. Bockstedt

Mailing Address 1220 Washington Avenue
Apartment 8

City

Golden

State

CO

Zip Code

80401-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Disabled

Occupation

Disabled

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00478

Amount of Each Receipt this Period

88.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ross King

Mailing Address 8831 Spinnaker Court

City

Indianapolis

State

IN

Zip Code

46256-9523

FEC ID number of contributing
federal political committee.

C

Name of Employer
My.Te Products, Inc.

Occupation

C. E. O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00479

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

558.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ronald Sibila

Mailing Address 2151 Carlyle Street N.E.

City

Massillon

State

OH

Zip Code

44646-2588

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peoples Services Industry

Occupation

Business Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00480

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Pizzagalli

Mailing Address P.O. Box 2009

City

South Burlington

State

VT

Zip Code

05407-2009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pizzagalli Construction
Company

Occupation

Co-Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00481

Amount of Each Receipt this Period

1100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Arie Jan De Jong

Mailing Address 8801 E. County Road 800 N.

City

Twelve Mile

State

IN

Zip Code

46988-9314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Dairy Man Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00482

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Manning J. Strickland

Mailing Address 5113 Berwyn Road

City

College Park

State

MD

Zip Code

20740-4107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00483

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert A. Robinson

Mailing Address 1000 E. 80Th Place
Suite 421N

City

Merrillville

State

IN

Zip Code

46410-5653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bikos & Associates, C.P.A-
P.C.

Occupation

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00484

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Erving Henry Pangborn

Mailing Address 2018 Herbert Lane

City

Augusta

State

GA

Zip Code

30906-3656

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00485

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Momoko O. Steiner

Mailing Address 990 N. Lake Shore Drive
 Apartment 33C

City State Zip Code
 Chicago IL 60611-1384

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Homemaker

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00486

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Mr. Arlington G. Kuklinca

Mailing Address 697 Chalfonte Place N.E.

City State Zip Code
 Warren OH 44484-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Quest Diagnostics, Inc.

Occupation
 Pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00487

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Josephine W. Weltmer

Mailing Address 734 W. Solana Circle

City State Zip Code
 Solana Beach CA 92075-2358

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00488

Amount of Each Receipt this Period

180.00

SUBTOTAL of Receipts This Page (optional)

655.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. V. S. Shannon

Mailing Address 1244 Lobdell Ave.

City

Baton Rouge

State

LA

Zip Code

70806-8207

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00489

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Julian Venable

Mailing Address 1228 Venable Road

City

Hope Hull

State

AL

Zip Code

36043-5548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00490

Amount of Each Receipt this Period

255.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard L. O' Shields

Mailing Address 511 Oakland Hills Lane

City

Kerrville

State

TX

Zip Code

78028

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00491

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Michael C. Hawker

Mailing Address P.O. Box 111329

City

Anchorage

State

AK

Zip Code

99511-1329

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Of Alaska

Occupation
Legislator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

01 / 09 / 2009

Transaction ID: 2009M02L11AI00492

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Ruth Mc Guire

Mailing Address 6698 Arno Way

City

Boynton Beach

State

FL

Zip Code

33472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

01 / 09 / 2009

Transaction ID: 2009M02L11AI00493

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Hamid El-Hajj

Mailing Address 8910 Landings Drive
Apartment 103

City

Manassas

State

VA

Zip Code

20109-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Disable

Occupation
Medical Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 09 / 2009

Transaction ID: 2009M02L11AI00494

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

805.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Margaret A. Thomas

Mailing Address 703 N. Gonzales Street

City

Cuero

State

TX

Zip Code

77954-2840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00495

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Ms. Annette Sherwood

Mailing Address 1 Stickley Drive

City

Laguna Beach

State

CA

Zip Code

92651-4238

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00496

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Janice Rubel

Mailing Address 2000 S. Bayshore Drive
Apartment 68

City

Miami

State

FL

Zip Code

33133-3252

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00497

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Mr. and Mr. Kenneth Nelson

Mailing Address P.O. Box 230

City State Zip Code
 Perham MN 56573-0230

FEC ID number of contributing
federal political committee.

C

Name of Employer
 KLN Enterprises Inc

Occupation
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00498

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Edward H. Buerkle

Mailing Address P. O. Box 278

City State Zip Code
 New York Mills MN 56567-0278

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Farmers & Merchant State
 Bank

Occupation
 Banking

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00499

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Marvin S. Neuman

Mailing Address P.O. Box 620

City State Zip Code
 West Dover VT 05356-0620

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Civil Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00500

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Josephine H. Mc Lain

Mailing Address 936 Via Lido Nord

City

Newport Beach

State

CA

Zip Code

92663-5527

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00501

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph M. Mammarelli

Mailing Address 60 S. 24Th Street

City

Pittsburgh

State

PA

Zip Code

15203-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLOY-OXYGEN AND WELDING
SUPPLY

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00502

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Rev. John W. Hearty, Jr.

Mailing Address 142 Stonecypher Road

City

Lucedale

State

MS

Zip Code

39452-4742

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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00503

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Edmund J. Carr

Mailing Address 1952 Newton Ransom Blvd.

City

Clarks Summit

State

PA

Zip Code

18411-9628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scranton Label, Inc.

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00504

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Nona A. Butterworth

Mailing Address 182 Irving Place

City

Basking Ridge

State

NJ

Zip Code

07920-3083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ret.

Occupation

Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00505

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Susan F. Struble

Mailing Address 1015 Fox Hill Road

City

State College

State

PA

Zip Code

16803-1822

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 ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00506

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Ed Gleeson

Mailing Address 10600 Archer Avenue

City

Lemont

State

IL

Zip Code

60439-9344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Catholic Priest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00507

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donald G. Richerson

Mailing Address 890 Greenview

City

Collierville

State

TN

Zip Code

38017

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00508

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Vincent Murphy

Mailing Address 410 Society Street

City

Alpharetta

State

GA

Zip Code

30022-1583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Management Services, Inc.

Occupation

Property Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00509

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1460.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 176 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert D. Shockey

Mailing Address 140 Shockey Way

City

Rossville

State

TN

Zip Code

38066-4061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drexel Chem. Co.Occupation
Executiive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Transaction ID: 2009M02L11AI00510

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. William Roemer

Mailing Address 42 Little Sewickley Creek Road

City

Sewickley

State

PA

Zip Code

15143-8393

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Transaction ID: 2009M02L11AI00511

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Edward T. Harley

Mailing Address 289 Belmont Road

City

King Of Prussia

State

PA

Zip Code

19406-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Transaction ID: 2009M02L11AI00512

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Mr. Harold E. Curtis

Mailing Address P.O. Box 10

City State Zip Code
Mirando City TX 78369-0010

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00513

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Marc Arginteanu

Mailing Address 32 Adams Drive

City State Zip Code
Cresskill NJ 07626-1728

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00514

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Richard Bartolotta

Mailing Address 167 Compo Road South

City State Zip Code
Westport CT 06880-5016

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ims Health

Occupation
 Vp, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00515

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Mr. Paul Scheele

Mailing Address P.O. Box 114
 4 Deer Ridge

City State Zip Code
 New Vernon NJ 07976-0114

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Technical Air System

Occupation
 Sales/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00516

Amount of Each Receipt this Period

285.00

B.

Full Name (Last, First, Middle Initial)
 Mr. John M. Ruland

Mailing Address 1500 Sheely Woods Road

City State Zip Code
 Nicholasville KY 40356-8304

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00517

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Edward T. Finnigan

Mailing Address 1801 Swiss Oaks Street

City State Zip Code
 Jacksonville FL 32259-8956

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00518

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Billy Wiggins

Mailing Address 538 West Street

City

Daytona Beach

State

FL

Zip Code

32114-3165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Economy Electric Company

Occupation

Electrical Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00519

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Martin Vreeland

Mailing Address 1084 Lanark Lane

City

Inverness

State

IL

Zip Code

60067-4240

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00520

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. William P. Naff

Mailing Address 1831 Rendy Road

City

New Smyrna

State

FL

Zip Code

32168-5428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Small Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00521

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Thema A. Finnigan

Mailing Address 1801 Swiss Oaks Street

City

Jacksonville

State

FL

Zip Code

32259-8956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00522

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Miles

Mailing Address 3642 70Th Street Court

City

Moline

State

IL

Zip Code

61265-8014

FEC ID number of contributing
federal political committee.

C

Name of Employer
H.R.H. Of Illinois

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00523

Amount of Each Receipt this Period

550.00

C.

Full Name (Last, First, Middle Initial)

Ms. Susan E. Dorsch

Mailing Address 2517 Holly Point Road E.

City

Orange Park

State

FL

Zip Code

32073-5632

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00524

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Jerry P. Belknap

Mailing Address 11 S. Meridian Street
Suite 1313

City State Zip Code
Indianapolis IN 46204-3519

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00525

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

A. & June Schell

Mailing Address 706 Lincoln Avenue

City State Zip Code
Grove City PA 16127-1912

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00526

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert M. Thorndike

Mailing Address 1336 Chuckanut Crest Drive

City State Zip Code
Bellingham WA 98229-8966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Washington Univer-
sity

Occupation
College Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00527

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Otto W. Neubuerger

Mailing Address 1102 Commons Drive

City

Sacramento

State

CA

Zip Code

95825-7050

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Transaction ID: 2009M02L11AI00528

Amount of Each Receipt this Period

255.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard B. Burgess

Mailing Address 20520 Falcons Landing Circle
Apartment 2309

City

Sterling

State

VA

Zip Code

20165-7598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prudential SecuritiesOccupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Transaction ID: 2009M02L11AI00529

Amount of Each Receipt this Period

255.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph B. Ryan

Mailing Address 66 Midway Avenue

City

Locust Valley

State

NY

Zip Code

11560-2032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Transaction ID: 2009M02L11AI00530

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Alan A. Rigling

Mailing Address 2128 Hamilton Richmond Road

City State Zip Code
Hamilton OH 45013-1018

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 ▼

250.00

Date of Receipt

01 / 09 / 2009

Transaction ID: 2009M02L11AI00531

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Charles E. Lapp, Jr.

Mailing Address 590 Ocean Avenue

City State Zip Code
Lawrence NY 11559-2812

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 ▼

250.00

Date of Receipt

01 / 09 / 2009

Transaction ID: 2009M02L11AI00532

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert E. Turnage

Mailing Address 4612 Oak Cove Lane

City State Zip Code
Orlando FL 32806-6939

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 ▼

225.00

Date of Receipt

01 / 09 / 2009

Transaction ID: 2009M02L11AI00533

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 184 / 1540
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Hanns A. Pielenz

Mailing Address 740 Manatee Cove

City

Vero Beach

State

FL

Zip Code

32963-3728

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Transaction ID: 2009M02L11AI00534

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Miss P. Anne Cundle

Mailing Address 13656 Tenacity Lane

City

Tallahassee

State

FL

Zip Code

32312-9536

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Transaction ID: 2009M02L11AI00535

Amount of Each Receipt this Period

385.00

C.

Full Name (Last, First, Middle Initial)

Mr. James W. Porter

Mailing Address 3809 Inwood Drive

City

Houston

State

TX

Zip Code

77019-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Transaction ID: 2009M02L11AI00536

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1685.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 185 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Harry L. Reed

Mailing Address 5422 Dumfries Drive

City

Houston

State

TX

Zip Code

77096-4020

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas College of Law

Occupation

Law Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00537

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Marvin Sheppard

Mailing Address 233 Lourdes Avenue

City

Los Altos

State

CA

Zip Code

94022-1026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00538

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Paul Rausch

Mailing Address 20132 Metzger Drive

City

Rockwood

State

MI

Zip Code

48173-8624

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00539

Amount of Each Receipt this Period

330.00

SUBTOTAL of Receipts This Page (optional)

1630.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Anne Mackin

Mailing Address 7593 Bluff Bend

City State Zip Code
Columbus OH 43235

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00540

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael B. May

Mailing Address 3304 Rhodes Avenue
 Apartment 128

City State Zip Code
New Boston OH 45662-4914

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00541

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Elinor V. Matchneer

Mailing Address 2229 State Route 256

City State Zip Code
Reynoldsburg OH 43068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00542

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

1520.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Louis C. Stanford

Mailing Address 10666 Harvest Court

City

Plymouth

State

MI

Zip Code

48170-3200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Auto Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00543

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mr. J. Dixon Earley

Mailing Address 151 Old Ford Drive

City

Camp Hill

State

PA

Zip Code

17011-8399

FEC ID number of contributing
federal political committee.

C

Name of Employer
The R.B.A. Group

Occupation
Civil Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00544

Amount of Each Receipt this Period

235.00

C.

Full Name (Last, First, Middle Initial)

Ms. Fern Strazzeri

Mailing Address 11939 Clonlee Avenue

City

Granada Hills

State

CA

Zip Code

91344-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00545

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

3335.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 188 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Dean A. Freytag

Mailing Address 1405 Township Road 523

City

Ashland

State

OH

Zip Code

44805-9770

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Transaction ID: 2009M02L11AI00546

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert G. Lander

Mailing Address 4633 Harvest Circle

City

Grand Forks

State

ND

Zip Code

58201-7946

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Transaction ID: 2009M02L11AI00547

Amount of Each Receipt this Period

255.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Denton Lyon

Mailing Address 235 E. 57Th Street
Apartment 17D

City

New York

State

NY

Zip Code

10022-2844

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Transaction ID: 2009M02L11AI00548

Amount of Each Receipt this Period

385.00

SUBTOTAL of Receipts This Page (optional)

1390.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John B. Thompson

Mailing Address 5212 Makalena Street

City

Honolulu

State

HI

Zip Code

96821-1809

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00549

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Mr. Nagy N. Najjar

Mailing Address 2120 Lundy Lake Drive

City

Escondido

State

CA

Zip Code

92029-5439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Real Estate Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00550

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Richard E. Gulbranson, Jr.

Mailing Address 114 Encino Avenue

City

Camarillo

State

CA

Zip Code

93010-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Property Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00551

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1035.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Rose

Mailing Address P.O. Box 1725

City

Rancho Santa Fe

State

CA

Zip Code

92067-1725

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 ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00552

Amount of Each Receipt this Period

1150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Yasser Tabbaa

Mailing Address 5050 E. Olympic Boulevard

City

Los Angeles

State

CA

Zip Code

90022-3904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00553

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Elton E. Ellis

Mailing Address 11634 Old Frontier Road NW

City

Silverdale

State

WA

Zip Code

98383-8884

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLaughlin Research Corp

Occupation
Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00554

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

1875.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard L. Prout

Mailing Address 13701 8Th Avenue N.W.

City
Seattle

State
WA

Zip Code
98177-3957

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 09 / 2009

Transaction ID: 2009M02L11AI00555

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. William Reel

Mailing Address 50 N. Illinois Street
 Apartment 215

City
Indianapolis

State
IN

Zip Code
46204-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Reel Pipe & Valve Company

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

01 / 09 / 2009

Transaction ID: 2009M02L11AI00556

Amount of Each Receipt this Period

340.00

C.

Full Name (Last, First, Middle Initial)

Mr. Deen M. Oduola

Mailing Address 8243 S. Yorktown Avenue
 Apartment A.

City
Tulsa

State
OK

Zip Code
74137-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Southern Hills Nursing Home

Occupation
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 09 / 2009

Transaction ID: 2009M02L11AI00557

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. A. Wiener

Mailing Address 575 Madison Avenue
Suite 1006

City State Zip Code
New York NY 10022-8511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00558

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph A. Kaufman

Mailing Address 10108 Stony Ridge Drive

City State Zip Code
Las Vegas NV 89144-4344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Medical Associa-
tes

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00559

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Ms. Margaret T. Robinson

Mailing Address 1904 Valley View Road

City State Zip Code
Okmulgee OK 74447-6937

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00560

Amount of Each Receipt this Period

330.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. R. C. Robertson

Mailing Address 6517 Timberlane Road

City State Zip Code
Tulsa OK 74136-4520

FEC ID number of contributing
federal political committee.

C

Name of Employer
 C. S. O. S.

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00561

Amount of Each Receipt this Period

310.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Mary Arnold

Mailing Address 1103 Hedges Road

City State Zip Code
Xenia OH 45385-9216

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Executive Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00562

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert S. Arnold

Mailing Address 630 Orchard Lane

City State Zip Code
Beavercreek OH 45434

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Building Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00563

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robin Mansfield

Mailing Address 3681 Liggett Drive

City

San Diego

State

CA

Zip Code

92106-2167

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00564

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jose & Shanaz Shakoori

Mailing Address 3131 S. Ridge Road

City

Akron

State

OH

Zip Code

44333-2684

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neurology & Neurosurgery
Associates

Occupation
Medical Doctors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00565

Amount of Each Receipt this Period

330.00

C.

Full Name (Last, First, Middle Initial)

Mr. Edward Ludloff

Mailing Address 6516 E. Rendina Street

City

Long Beach

State

CA

Zip Code

90815-4623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00566

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Myles Toliver

Mailing Address 5065 Old Post Road

City

Ogden

State

UT

Zip Code

84403-4340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Model Linen, Inc.

Occupation

Businessman

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00567

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ray N. Taylor

Mailing Address 102 Woodcliff Circle

City

Signal Mountain

State

TN

Zip Code

37377-3143

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00568

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Captain Robert G. Nicol

Mailing Address 4904 Sunflower Drive

City

Rockville

State

MD

Zip Code

20853-1646

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00569

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Donald & Ruth Campbell

Mailing Address **6849 Grenadier Boulevard**
Apartment 1101

City State Zip Code
Naples FL 34108-7235

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 ▼

300.00

Date of Receipt

01 / 09 / 2009

Transaction ID: 2009M02L11AI00570

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. David Coffin

Mailing Address **4305 Cutlass Lane**

City State Zip Code
Naples FL 34102-7943

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 ▼

500.00

Date of Receipt

01 / 09 / 2009

Transaction ID: 2009M02L11AI00571

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dennis G. Harrelson

Mailing Address **12610 New Brittany Blvd.**

City State Zip Code
Fort Myers FL 33907-3627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omni Financial Services

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 09 / 2009

Transaction ID: 2009M02L11AI00572

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Julius L. Pericola

Mailing Address 1985 8Th Street South

City

Naples

State

FL

Zip Code

34102-7523

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 ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00573

Amount of Each Receipt this Period

545.00

B.

Full Name (Last, First, Middle Initial)

Mr. D. Wayne Gittinger

Mailing Address 1420 5Th Avenue
Suite 4100

City

Seattle

State

WA

Zip Code

98101-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lane Powell, P. C.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00574

Amount of Each Receipt this Period

305.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Nunn

Mailing Address 392 Estero Blvd.
Apartment 607

City

Fort Myers Beach

State

FL

Zip Code

33931-2052

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 ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00575

Amount of Each Receipt this Period

305.00

SUBTOTAL of Receipts This Page (optional)

1155.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert G. Siegel

Mailing Address 138 E. 61st Street

City

New York

State

NY

Zip Code

10065-9002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00576

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. George Young

Mailing Address 235 Walker Street
Apartment 252

City

Lenox

State

MA

Zip Code

01240-2749

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00577

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. C. David Trader

Mailing Address 160 Munger Hill Road

City

Westfield

State

MA

Zip Code

01085-4500

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00578

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 199 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. David H. Carnahan, Jr.

Mailing Address 201 E. 62Nd Street
#13C

City State Zip Code
New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Capital Manageme-
nt

Occupation
Investment Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00579

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Carter Hunt

Mailing Address 15 S. 35Th Circle

City State Zip Code
Fort Smith AR 72903-6405

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 ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00580

Amount of Each Receipt this Period

405.00

C.

Full Name (Last, First, Middle Initial)

Mr. Donald P. Mc Farling

Mailing Address 10696 N. State Road 267

City State Zip Code
Brownsburg IN 46112-9294

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mc Farling Foods, Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00581

Amount of Each Receipt this Period

245.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 200 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen V. Murphy

Mailing Address 25 Hickson Drive

City

New Providence

State

NJ

Zip Code

07974-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pricewaterhousecoopers

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00582

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James A. Halls

Mailing Address 37955 N. 99Th Way

City

Scottsdale

State

AZ

Zip Code

85262-3044

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00583

Amount of Each Receipt this Period

330.00

C.

Full Name (Last, First, Middle Initial)

Mr. Chris L. Christon

Mailing Address 7 Waterbury Court

City

Stafford

State

VA

Zip Code

22554-5837

FEC ID number of contributing
federal political committee.

C

Name of Employer
L-3 Communications

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00584

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Frances B. Hume

Mailing Address 489 Village Place

City

Longwood

State

FL

Zip Code

32779-6041

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00585

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Billie L. Allensworth

Mailing Address 2411 Winter Park Road

City

Winter Park

State

FL

Zip Code

32789-6108

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00586

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. W. P. Lind

Mailing Address 65 Cassandra Blvd.
Apartment 202

City

West Hartford

State

CT

Zip Code

06107-3149

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00587

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mary K. Fassel

Mailing Address 17755 Rosedown Place

City

San Diego

State

CA

Zip Code

92128-2085

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Transaction ID: 2009M02L11AI00588

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gary R. Gibbs

Mailing Address 1169 Rock Creek Road

City

Hot Springs Nation

State

AR

Zip Code

71913-9282

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Transaction ID: 2009M02L11AI00589

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. John C. Wactor

Mailing Address P.O. Box 126

City

Choctaw

State

AR

Zip Code

72028-0126

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Transaction ID: 2009M02L11AI00590

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Verne E. Thornburg

Mailing Address 2831 N. Walnut Road

City

Turlock

State

CA

Zip Code

95382-9540

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00591

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Mr. David Lucas

Mailing Address 916 Grandview Drive

City

Exton

State

PA

Zip Code

19341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00592

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Raymond J. Saulnier

Mailing Address 230 Heron Pt.

City

Chestertown

State

MD

Zip Code

21620

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00593

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

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

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for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Sally T. Bethea

Mailing Address 2100 Twin Church Road
Unit 68

City State Zip Code
Florence SC 29501-8286

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00594

Amount of Each Receipt this Period

105.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Kistler Crum

Mailing Address P.O. Box 780

City State Zip Code
Cobbs Creek VA 23035-0780

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 ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00595

Amount of Each Receipt this Period

305.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles J. White

Mailing Address 428 Woodside Road

City State Zip Code
Simpsonville SC 29680-6950

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00596

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms Helen H. Chatfield

Mailing Address 1201 Edgecliff Place
 Apartment 1121

City State Zip Code
 Cincinnati OH 45206-2849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00597

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Emily M. Ertl

Mailing Address 11435 Sabo Road

City State Zip Code
 Houston TX 77089-2501

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00598

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ivan J. Moore

Mailing Address 68 Balen Drive

City State Zip Code
 Lackawanna NY 14218-3606

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00599

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 206 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Holbrook T. Mitchell

Mailing Address 2170 Hoffman Lane

City

Napa

State

CA

Zip Code

94558-9786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00600

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Betty Kurtz

Mailing Address 1800 Atrium Parkway
Apartment 340

City

Napa

State

CA

Zip Code

94559-4807

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00601

Amount of Each Receipt this Period

205.00

C.

Full Name (Last, First, Middle Initial)

Mr. Roger Wayne Riesbeck

Mailing Address P.O. Box 6721

City

Auburn

State

CA

Zip Code

95604-6721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Simpson & Simpson

Occupation
Truck Driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00602

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)

2460.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Kurt Raffetto

Mailing Address 1246 Ruppel Lane

City State Zip Code
O Fallon IL 62269

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S.A.F.

Occupation
Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 09 / 2009

Transaction ID: 2009M02L11AI00603

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jorge Raad

Mailing Address 6701 S.W. 72Nd Court

City State Zip Code
Miami FL 33143-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tender Care Home Health Services

Occupation
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 09 / 2009

Transaction ID: 2009M02L11AI00604

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David & Jeanne Wanner

Mailing Address 4035 Highway 22

City State Zip Code
Dickinson ND 58601-9509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Builder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

01 / 09 / 2009

Transaction ID: 2009M02L11AI00605

Amount of Each Receipt this Period

330.00

SUBTOTAL of Receipts This Page (optional)

1330.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Ray L. Bassett

Mailing Address 2300 N. Scenic Highway

City

Babson Park

State

FL

Zip Code

33827-9738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aglime Sales-Bassett Grov-
es

Occupation

Citrus Grower

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00606

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr. Carl E. Guse

Mailing Address 5400 Ocean Boulevard
Apartment 8-4

City

Sarasota

State

FL

Zip Code

34242-3361

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00607

Amount of Each Receipt this Period

230.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth H. Lupini

Mailing Address 4020 Phoenician Way

City

Winter Haven

State

FL

Zip Code

33884-3543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00608

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

655.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 209 / 1540
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Harold F. Damon

Mailing Address 21 Yorkshire Road

City

Trenton

State

NJ

Zip Code

08610-1326

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 ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00609

Amount of Each Receipt this Period

370.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Kent N. Brown

Mailing Address 660 Marbury Lane

City

Longboat Key

State

FL

Zip Code

34228-1431

FEC ID number of contributing
federal political committee.

C

Name of Employer
J.T.I.

Occupation
Business Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00610

Amount of Each Receipt this Period

610.00

C.

Full Name (Last, First, Middle Initial)

Mr. lawrence elliott

Mailing Address 13130 Rosewood Glen Drive

City

Cypress

State

TX

Zip Code

77429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medquip

Occupation
Medical Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00611

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

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(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COL. Fredrick J. Haase, U. S. A. (

Mailing Address 1821 E. Dayton Road

City

Caro

State

MI

Zip Code

48723-9478

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Transaction ID: 2009M02L11AI00612

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Hollis H. Perkins

Mailing Address 2385 Whitetail Drive

City

Sidney

State

NE

Zip Code

69162-4137

FEC ID number of contributing
federal political committee.

C

Name of Employer
CabelasOccupation
Merchandise Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Transaction ID: 2009M02L11AI00613

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Warren E. Johnson

Mailing Address P.O. Box 454

City

Stromsburg

State

NE

Zip Code

68666-0454

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Transaction ID: 2009M02L11AI00614

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

930.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Roy Parsons

Mailing Address 3610 Las Pilitas Road

City

Santa Margarita

State

CA

Zip Code

93453-9634

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00615

Amount of Each Receipt this Period

245.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frank F. Reed

Mailing Address 1944 E. Valley Road

City

Santa Barbara

State

CA

Zip Code

93108-1428

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 ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00616

Amount of Each Receipt this Period

605.00

C.

Full Name (Last, First, Middle Initial)

Mr. Roland R. Huckelberry

Mailing Address 2705 184Th Street

City

Redondo Beach

State

CA

Zip Code

90278-4605

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 ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00617

Amount of Each Receipt this Period

285.00

SUBTOTAL of Receipts This Page (optional)

1135.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard L. Kunin

Mailing Address 503 S.W. 7Th Avenue

City	State	Zip Code
Fort Lauderdale	FL	33315-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Transaction ID: 2009M02L11AI00618

Amount of Each Receipt this Period

910.00

B.

Full Name (Last, First, Middle Initial)

Mr. Rubar S. Sandi

Mailing Address 9300 Belle Terre Way

City	State	Zip Code
Potomac	MD	20854-4642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Co. Bank Business GroupOccupation
Chairman & C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Transaction ID: 2009M02L11AI00619

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. Spaulding A. Goetze, Sr.

Mailing Address 3900 E. Monument Street

City	State	Zip Code
Baltimore	MD	21205-2914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Transaction ID: 2009M02L11AI00620

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)

1860.00

TOTAL This Period (last page this line number only)

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Anita Amato

Mailing Address 21 Concerto Court

City

Eastport

State

NY

Zip Code

11941-1627

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00621

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Samuel A. Mc Cullough

Mailing Address 6991 Greentree Drive

City

Naples

State

FL

Zip Code

34108-8528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Griffin Holdings Group,
L.L.C.

Occupation
Investment Banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00622

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Vincent

Mailing Address P.O. Box 7340

City

Amarillo

State

TX

Zip Code

79114-7340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00623

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 214 / 1540
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert B. Cross

Mailing Address 99 Cross Lane

City

Moorefield

State

WV

Zip Code

26836-8355

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00624

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr. L. Harvey Neff, Jr.

Mailing Address P. O. Box 565

City

Galax

State

VA

Zip Code

24333-0565

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00625

Amount of Each Receipt this Period

270.00

C.

Full Name (Last, First, Middle Initial)

Mr. L. W. Hanson

Mailing Address 4992 Hunting Hills Circle

City

Roanoke

State

VA

Zip Code

24018-3879

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00626

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

505.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 215 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Paul E. Bender

Mailing Address 303 N. Cottage Avenue

City

Normal

State

IL

Zip Code

61761-4264

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity National Financi-
al

Occupation

Manager/Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00627

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Neal M. Allen

Mailing Address 766 Fairfield Drive

City

Marietta

State

GA

Zip Code

30068-4104

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00628

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ward S. Merrick, III

Mailing Address 316 Hartford Drive

City

Edmond

State

OK

Zip Code

73003-6143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Oil Flow

Occupation

Oilfield Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00629

Amount of Each Receipt this Period

215.00

SUBTOTAL of Receipts This Page (optional)

765.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 216 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Frank Summerson

Mailing Address 6720 S.W. Dancaster Road

City

Topeka

State

KS

Zip Code

66610-1413

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00630

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Johnstone

Mailing Address 467 Carter Street

City

New Canaan

State

CT

Zip Code

06840-5015

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00631

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alan P. Margolet

Mailing Address 4905 Old Hill Road

City

Wilmington

State

DE

Zip Code

19807-2521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Al-Lomar, Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00632

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Wayne W. Mc Intosh

Mailing Address 2800 Willow Grove Road
 Apartment 15A.L.

City State Zip Code
 Manhattan KS 66502

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00633

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Terrence A. Tobias

Mailing Address 490 Ridge Road

City State Zip Code
 Chadds Ford PA 19317-9105

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 ▼

1370.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00634

Amount of Each Receipt this Period

1370.00

C.

Full Name (Last, First, Middle Initial)

Mr. Aaron M James

Mailing Address 11423 King St.

City State Zip Code
 Westminster CO 80031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Suncor Energy Usa, Inc

Occupation
Process Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00635

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1840.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 218 / 1540
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Joseph E. Davis

Mailing Address 21 S. La Senda Drive

City

Laguna Beach

State

CA

Zip Code

92651-6729

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 ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00636

Amount of Each Receipt this Period

670.00

B.

Full Name (Last, First, Middle Initial)

Ms. Dorothy T. Amador

Mailing Address 163 Pinefield Drive

City

Sanford

State

FL

Zip Code

32771-6813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L11AI00637

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms. Iris S. Bailey

Mailing Address 2101 Kern

City

Victoria

State

TX

Zip Code

77901-7779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elder Distributing

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00638

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

820.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Frank Sessions

Mailing Address 1020 Citrus Island

City

Fort Lauderdale

State

FL

Zip Code

33315-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	0	9

Transaction ID: 2009M02L11AI00639

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lenkala R. Mallaiah

Mailing Address 311 N. Mangoustine Avenue

City

Sanford

State

FL

Zip Code

32771-7160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midflorida Gastroenterolo-
gy GroupOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	0	9

Transaction ID: 2009M02L11AI00640

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. John C. Armacost

Mailing Address 5 Runnymede Drive

City

North Hampton

State

NH

Zip Code

03862-2328

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	0	9

Transaction ID: 2009M02L11AI00641

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William M. Levy

Mailing Address 105 Lapaix Lane

City

Baltimore

State

MD

Zip Code

21204-7506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00642

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mary J. Malevich

Mailing Address 9812 Cupola Lane

City

Eden Prairie

State

MN

Zip Code

55347-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00643

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Ford

Mailing Address 3650 Locke Ln

City

Houston

State

TX

Zip Code

77027-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ut Md Anderson Cancer Cen-
ter

Occupation
Administrative Asst.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00644

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Walter C. Groth

Mailing Address 12808 Smith Creek Road

City

Versailles

State

MO

Zip Code

65084-4324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farming

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00645

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Ellen B. Cadick

Mailing Address 2555 S. Atlantic Avenue
Apartment 202

City

Daytona Beach

State

FL

Zip Code

32118-5531

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00646

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Barnabas F. Vorreiter

Mailing Address 3605 W. Hidden Lane
Unit 304

City

Rolling Hills Esta

State

CA

Zip Code

90274-4190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Caltrans

Occupation
Civil Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00647

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 222 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Paula Inosanto

Mailing Address 13428 Maxella Avenue #237

City

Marina Del Rey

State

CA

Zip Code

90292-5620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inosanto Academy, Ltd

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00648

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Daryl J. Miller

Mailing Address 1115 N.W. 51St Street

City

Seattle

State

WA

Zip Code

98107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fischer Plumbing

Occupation

Ceo; Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00649

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Judith Reach

Mailing Address 20 Beagling Hill Cir

City

Fairfield

State

CT

Zip Code

06824

FEC ID number of contributing
federal political committee.

C

Name of Employer
lbn

Occupation

Ret.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00650

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 223 / 1540

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John Warkentin

Mailing Address 6521 Cordoba Road #2

City

Goleta

State

CA

Zip Code

93117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kamap Property Management

Occupation

Property Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00651

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Luis A Rivera

Mailing Address 9420 SW 212 Terr

City

Miami

State

FL

Zip Code

33189

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chem

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00652

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Pam Lytz

Mailing Address 135 Upland Road

City

Kentfield

State

CA

Zip Code

94904

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00653

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. David P Lindsey

Mailing Address 12139 Rangeview Crt

City State Zip Code
Fishers IN 46037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Defender Direct

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00654

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Christopher Schroeder

Mailing Address 2064 Allouez Ave

City State Zip Code
Green Bay WI 54311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jsa

Occupation
Vp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00656

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ijeoma N Esomonu

Mailing Address 16 Minaret Rd

City State Zip Code
Oakley CA 94561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00657

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 225 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Cecil Griffin

Mailing Address 5523 West Harrow Dr.

City State Zip Code
Houston TX 77084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Small Business

Occupation
Sales Engineer-Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00658

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Erika Grunnet

Mailing Address 830 N Lagrange Road

City State Zip Code
Lagrange Park IL 60526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delta Air Lines

Occupation
Flight Attendant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00659

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Mr. Brian Sanford

Mailing Address 8241 Wheatberry Way

City State Zip Code
Clay NY 13041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sanfords Upstate Sales Co-
., LL

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00660

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 226 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Adolfo Cuadra

Mailing Address 243 Woodwind Drive

City State Zip Code
Houma LA 70360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Headache and Pain Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00661

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Uwazurike

Mailing Address 6912 Kirkway Ct

City State Zip Code
West Bloomfield MI 48322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kevdaco Tbi & Human Servi-
ces

Occupation
President & Ceo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00663

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Rita Huber

Mailing Address 1321 Rays Bridge Rd.

City State Zip Code
Whispering Pines NC 28327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self - Retired

Occupation
Photographer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00664

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 227 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Michael Alise

Mailing Address 194 Bohn Street

City

Biloxi

State

MS

Zip Code

39530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gulf Coast Produce (A Ada-
ms Company)

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00665

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Wendy Weyerhaeuser

Mailing Address P.O. Box 1278

City

Tacoma

State

WA

Zip Code

98401

FEC ID number of contributing
federal political committee.

C

Name of Employer
No Employer

Occupation
Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00666

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Bob Magee

Mailing Address 218 E. 78th Street

City

New York

State

NY

Zip Code

10075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Securities Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00667

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Thomas Ward

Mailing Address 6630 Richardson Road

City	State	Zip Code
Houston	TX	77069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ret.Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00668

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Steven J. Liebrecht

Mailing Address 432 E. South River St

City	State	Zip Code
Appleton	WI	54915-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00669

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey W. Jordan

Mailing Address 4455 Old Burlington St

City	State	Zip Code
Alpharetta	GA	30022-6240

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00670

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 229 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Lavonna L. Vice

Mailing Address 6801 Needwood Road

City

Derwood

State

MD

Zip Code

20855-1642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00671

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Allen Yee

Mailing Address 3935 N. Hall St.

City

Dallas

State

TX

Zip Code

75219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vinson & Elkins, LLP

Occupation
Attorney At Law

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00672

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Roger Kucway

Mailing Address 8153 Sunset Lane

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tro

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00673

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 230 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John Hughes

Mailing Address 1 N. Morgan Ave

City

Havertown

State

PA

Zip Code

19083

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00674

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Philip M. Hamblet

Mailing Address 29 Victoria Street

City

Keene

State

NH

Zip Code

03431-4216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Electrical Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00675

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Judith A. Shine

Mailing Address 8402 Sawgrass Dr.

City

Lone Tree

State

CO

Zip Code

80124-8501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Investment Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00676

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 231 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Chad W Leonard

Mailing Address 1514 17th St NW Apt 615

City

Washington

State

DC

Zip Code

20036-6226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cw Leonard Llc

Occupation

Technical Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00677

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Kathleen R. Deniro

Mailing Address 1861 Mackintosh Blvd.

City

Nokomis

State

FL

Zip Code

34275-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00678

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Rick Armendariz

Mailing Address 6325 Natalicio Lane

City

El Paso

State

TX

Zip Code

79912-1859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dynasty Insulation

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00679

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 232 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Derrel Alley

Mailing Address 14422 Wynfield Drive

City

Cypress

State

TX

Zip Code

77429-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tanner Companies

Occupation

Vice President Of Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00680

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jay P. Ciezki

Mailing Address 19333 Van Aken Blvd.
Apartment 208

City

Shaker Heights

State

OH

Zip Code

44122-3546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00681

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Larry G. Dennis

Mailing Address 6121 Midway Road

City

Fort Worth

State

TX

Zip Code

76117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00682

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 233 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Lillian Colon

Mailing Address 8 Stadium Rd.

City

White Plains

State

NY

Zip Code

10607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montefiore

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00683

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Luis A Rivera

Mailing Address 9420 SW 212 Terr

City

Miami

State

FL

Zip Code

33189

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chem

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00684

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert G. Brinson

Mailing Address 3710 Snow Apple Road

City

Austell

State

GA

Zip Code

30106-1427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ret.

Occupation
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00685

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 234 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Tom V Rabb

Mailing Address 2546 Krebs

City

Fayetteville

State

TX

Zip Code

78940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fluor

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00686

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Wilson

Mailing Address P.O. Box 425

City

Ulysses

State

KS

Zip Code

67880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Crane Owner/Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00687

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mary A Woodford

Mailing Address 47 West Lenox Street

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cornerstone Research

Occupation
Financial Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00688

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Burke

Mailing Address Bx 45

City State Zip Code
Savanna OK 74565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dod, Army, Mcaap

Occupation
It Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00689

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Isabel F. Rudolph

Mailing Address 1381 Shady Lane

City State Zip Code
Mount Bethel PA 18343-5934

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00690

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Kathleen Furguele

Mailing Address 64 Woodhill Road

City State Zip Code
Newtown PA 18940-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer
P.M.G. Capital

Occupation
Sales Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00691

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Davis & Laurie Rocchio

Mailing Address 2254 Candlestick Avenue

City

Henderson

State

NV

Zip Code

89052-2359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00692

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Robert Roetker

Mailing Address 3623 Golden Lane

City

Lafayette

State

IN

Zip Code

47909-3527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00693

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert & Sue T. Hull

Mailing Address 1630 Washington Drive

City

Fairbanks

State

AK

Zip Code

99709-5009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ben Lomond Inc.

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00694

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Samuel J. Revak

Mailing Address 2491 Linwood Lane

City

Woodbridge

State

VA

Zip Code

22192-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
I.T.E.S.

Occupation
Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00695

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Albert A. Jackson

Mailing Address 47485 Highway 101
P.O. Box 1859

City

Bandon

State

OR

Zip Code

97411-1859

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00696

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. William Russell Barton

Mailing Address 12608 Misty Creek Lane

City

Fairfax

State

VA

Zip Code

22033-1729

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00697

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Mark & Lori Beecher

Mailing Address 3940 Arbolado Drive

City

Walnut Creek

State

CA

Zip Code

94598-4617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bank Of The West

Occupation

Svp Sales and Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00698

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Rev. Msgr. Albert W. Hallin

Mailing Address 416 County Road 1100 N.
Church Of St. Boniface

City

Seymour

State

IL

Zip Code

61875

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Diocese Of Peoria

Occupation

Roman Catholic Priest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00699

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. James Boldt

Mailing Address 2 Mayfair Road

City

Saint Louis

State

MO

Zip Code

63124-1663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boldt Brothers

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00700

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

870.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Jack Michael Mitchell

Mailing Address P.O. Box 18319

City

Panama City

State

FL

Zip Code

32417-8319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00701

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. John W. Storms

Mailing Address 14226 Summer Rose Lane

City

Houston

State

TX

Zip Code

77077-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00702

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Martha E. Klauer

Mailing Address 7096 Ramsey Road

City

Hebron

State

IN

Zip Code

46341-9429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Restaurant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00703

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Geoffrey Trivax

Mailing Address 4720 Bonnie Court

City

West Bloomfield

State

MI

Zip Code

48322-4467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Medical

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00704

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph J. Sackerson

Mailing Address 810 Monticello Court

City

Arlington

State

TX

Zip Code

76012-4545

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00705

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Herman Gleicher

Mailing Address 3189 Felda Street

City

Port Charlotte

State

FL

Zip Code

33948-6057

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00706

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Darryl L. Flinn

Mailing Address 7997 Surbey Avenue N.W.

City

North Canton

State

OH

Zip Code

44720-8351

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00707

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dale E. Stahl

Mailing Address 12 Dewberry Court

City

Amelia Island

State

FL

Zip Code

32034-6578

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00708

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mary B. Tarpey

Mailing Address P.O. Box 285

City

Warnerville

State

NY

Zip Code

12187-0285

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00709

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Patrick O' Neil Ware

Mailing Address P.O. Box 1

City

Amarillo

State

TX

Zip Code

79105-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Student

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00710

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Faith Copeland

Mailing Address 7501 Anaqua Drive

City

Austin

State

TX

Zip Code

78750-7913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00711

Amount of Each Receipt this Period

135.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph J. Sackerson

Mailing Address 810 Monticello Court

City

Arlington

State

TX

Zip Code

76012-4545

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00712

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

605.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Harold S. Tavel

Mailing Address 6900 N. Vandiver Road
A203

City State Zip Code
San Antonio TX 78209-4315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00713

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charles Pecka

Mailing Address 915 Gravel Lane

City State Zip Code
Adams TN 37010-9162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coldwell Banker, Conroy,
Marable & Hol

Occupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00714

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kevin J. Lanigan

Mailing Address 2904 Via Anacapa

City State Zip Code
Palos Verdes Estat CA 90274-4338

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00715

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Neil W. Mc Daniel

Mailing Address 3685 Mount Diablo Blvd.
Suite 350

City State Zip Code
Lafayette CA 94549-6822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Property Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00716

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Theodore S. Johnson

Mailing Address 3251 Muirfield Drive

City State Zip Code
Colorado Springs CO 80907-7801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Associates Of
Colorado Spri

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00717

Amount of Each Receipt this Period

230.00

C.

Full Name (Last, First, Middle Initial)

Ms. Regina B. Heldrich

Mailing Address 239 Harrison Avenue

City State Zip Code
Highland Park NJ 08904-1815

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00718

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John Noles

Mailing Address 11062 Gabriel Path

City

Shreveport

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pierremont Anesthesia Con-
sultants

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00719

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frank Napolitani

Mailing Address 140 Hepburn Road
Apartment 6L

City

Clifton

State

NJ

Zip Code

07012-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Concept Capital

Occupation
Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00720

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Joyce A. Parker

Mailing Address P.O. Box 817

City

Gadsden

State

AL

Zip Code

35902-0817

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00721

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Gayle J. Jonhson

Mailing Address Rr 1 Box 138

City

Memphis

State

MO

Zip Code

63555-9766

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00722

Amount of Each Receipt this Period

650.00

B.

Full Name (Last, First, Middle Initial)

Mr. Wayne Gilmore

Mailing Address 2145 Delmas Street

City

Opelousas

State

LA

Zip Code

70570-4717

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Fed Savings & Loan
Association

Occupation
Saving & Loan Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00723

Amount of Each Receipt this Period

305.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lucien Karlovec

Mailing Address 136 Long Point Drive

City

Amelia Island

State

FL

Zip Code

32034-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00724

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1205.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Maria Barnette

Mailing Address 2181 Ahaku Place

City

Honolulu

State

HI

Zip Code

96821-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bogart's Cafe

Occupation
Chef

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00725

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. George Henisee

Mailing Address 131 Cheswold Lane

City

Haverford

State

PA

Zip Code

19041-1801

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00726

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. R. A. Woodward

Mailing Address 10525 S.E. 250Th Place
Apartment G102

City

Kent

State

WA

Zip Code

98030-8269

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boeing Commercial Airplane

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00727

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Terri Genovese

Mailing Address 176 The Branches

City

Kittanning

State

PA

Zip Code

16201-7460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00728

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel Auker

Mailing Address 10820 Tiberlo Drive

City

Fort Myers

State

FL

Zip Code

33913-7104

FEC ID number of contributing
federal political committee.

C

Name of Employer
A. & V. Aquisitions

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00729

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms. Anna Chronis

Mailing Address 310 E. 55Th Street
Apartment 9E

City

New York

State

NY

Zip Code

10022-7159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00730

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

925.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Jack Kelly

Mailing Address 13504 Vermillion Trail

City

Longmont

State

CO

Zip Code

80504-9793

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00731

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Tiffany

Mailing Address 96 Lake Shore Drive

City

Corpus Christi

State

TX

Zip Code

78413-2634

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00732

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. David L. Elson

Mailing Address 513 E. Plum Creek Road

City

Sioux Falls

State

SD

Zip Code

57105-6950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera Health

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00733

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 250 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. James E. Newman

Mailing Address 1930 Coulter Shoals Circle

City

Lenoir City

State

TN

Zip Code

37772-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00734

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gale H. Lyle

Mailing Address 518 Tanasi Circle

City

Loudon

State

TN

Zip Code

37774-3126

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00735

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. John C. Klimek

Mailing Address P.O. Box 10720

City

Zephyr Cove

State

NV

Zip Code

89448-2720

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00736

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. George L. Cobb

Mailing Address 113 Owens Lane

City

Southern Pines

State

NC

Zip Code

28387-2240

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00737

Amount of Each Receipt this Period

270.00

B.

Full Name (Last, First, Middle Initial)

Mr. David M. Glagovsky

Mailing Address 4501 31st Street S.

City

Arlington

State

VA

Zip Code

22206

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00738

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles S. Roberts

Mailing Address 415 Locust Avenue S.E.

City

Huntsville

State

AL

Zip Code

35801-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roberts Associates, Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00739

Amount of Each Receipt this Period

205.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Joan F. Kennedy

Mailing Address 2108 Cheyenne Drive

City

Mc Comb

State

MS

Zip Code

39648-6324

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00740

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. George R. Griffiths

Mailing Address 8500 E. Southern Avenue
Lot 522

City

Mesa

State

AZ

Zip Code

85209-3615

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00741

Amount of Each Receipt this Period

205.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Mc Mackin

Mailing Address 3006 La Mesa Drive

City

Henderson

State

NV

Zip Code

89014-3721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00742

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

655.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Linda M. Sutton

Mailing Address P.O. Box 4027

City

Kingman

State

AZ

Zip Code

86402-4027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00743

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Bobby Turner

Mailing Address 4610 Hamilton Drive

City

Woodbridge

State

VA

Zip Code

22193-5254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00744

Amount of Each Receipt this Period

205.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Steven J. Kalagher

Mailing Address 3200 N. Ocean Blvd.

City

Fort Lauderdale

State

FL

Zip Code

33308

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00745

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

955.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. David H. Moore

Mailing Address 12505 Richlane Drive

City

Indianapolis

State

IN

Zip Code

46236-9323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gynecologic Oncology Of
Indiana

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00746

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Benjamin A. Rowland, Jr.

Mailing Address 27 Waldron

City

Marblehead

State

MA

Zip Code

01945-3243

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00747

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas F. Latimer

Mailing Address 911 Bayridge Road

City

La Porte

State

TX

Zip Code

77571-3518

FEC ID number of contributing
federal political committee.

C

Name of Employer
M. R. E.

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00748

Amount of Each Receipt this Period

270.00

SUBTOTAL of Receipts This Page (optional)

1520.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William D. Stuck

Mailing Address 14 S. West Avenue

City

Shiremanstown

State

PA

Zip Code

17011-6542

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00749

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. James I. Suit

Mailing Address P. O. Box 956

City

Macon

State

GA

Zip Code

31202-0956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eye Physician, P.A.

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00750

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. C. Virgil St. John

Mailing Address 2220 Franciscan Drive

City

West Lafayette

State

IN

Zip Code

47906-4566

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00751

Amount of Each Receipt this Period

270.00

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 256 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Don Davis

Mailing Address 303 Little York Road

City

Houston

State

TX

Zip Code

77076-1122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

President/Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00752

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kyle G. Krohn

Mailing Address 2403 Copeland Street

City

Lufkin

State

TX

Zip Code

75904-5380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Krohn Internal Medicine
Association

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00753

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert A. Solberg

Mailing Address 5537 Fieldwood Drive

City

Houston

State

TX

Zip Code

77056-2719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00754

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 257 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Shih Yuen Pai

Mailing Address 6414 79th Street

City

Middle Village

State

NY

Zip Code

11379-2348

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 ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00755

Amount of Each Receipt this Period

1150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stanley M. Srochi

Mailing Address 820 W. Paces Ferry Road N. W.

City

Atlanta

State

GA

Zip Code

30327-2646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jeffco, Inc.

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00756

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Neal R. Popham

Mailing Address 2414 Butternut Court

City

Dunedin

State

FL

Zip Code

34698-2252

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00757

Amount of Each Receipt this Period

245.00

SUBTOTAL of Receipts This Page (optional)

1745.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Wendell & Betsy White

Mailing Address 15740 S. Outlook Terrace

City

Oregon City

State

OR

Zip Code

97045-9251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00758

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dale & Louise Morgan

Mailing Address 3909 Belden Court N. E.

City

Cedar Rapids

State

IA

Zip Code

52402-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00759

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Truman E. Yancey

Mailing Address 1923 E. Joyce Blvd.
#230

City

Fayetteville

State

AR

Zip Code

72703-5171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00760

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Lonnie J. Ownby

Mailing Address P.O. Box 2

City

Hitchita

State

OK

Zip Code

74438-6865

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00761

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Nancy P. Mc Laughlin

Mailing Address 13201 Appaloosa Chase Drive

City

Austin

State

TX

Zip Code

78732-8080

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00762

Amount of Each Receipt this Period

280.00

C.

Full Name (Last, First, Middle Initial)

Ms. Lila L. Correa

Mailing Address 5810 Cross Creek Circle

City

Tyler

State

TX

Zip Code

75703-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00763

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. M. Margaret Eisenman

Mailing Address 1690 46Th Avenue

City

Greeley

State

CO

Zip Code

80634-3286

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00764

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul V. Bruce

Mailing Address 8788 Blackoaks Ln N

City

Osseo

State

MN

Zip Code

55311-1471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waterside Enterprises, L.-
L.C.

Occupation
Consultant - Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00765

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Josephine A. Hill

Mailing Address 1416 W. James Way

City

Anaheim

State

CA

Zip Code

92801-4711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00766

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Doris K. Snell

Mailing Address 4008 Texas Street

City

Vernon

State

TX

Zip Code

76384-3254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00767

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Helene Walker

Mailing Address 23871 Willows Drive
Apartment 256

City

Laguna Hills

State

CA

Zip Code

92653-1908

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00768

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. John D. Lay

Mailing Address 284 Cobblestone Drive

City

Savannah

State

TN

Zip Code

38372-5002

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00769

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

1470.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Arnold J. Brender

Mailing Address 6772 Derby Circle

City

Huntington Beach

State

CA

Zip Code

92648-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beach Physicians Medical
Group, Inc./ R

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00770

Amount of Each Receipt this Period

205.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Hass

Mailing Address 106 Grove Isle Place

City

Vero Beach

State

FL

Zip Code

32962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00771

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Deborah Litman

Mailing Address 7632 Springhill Place N.E.

City

Bremerton

State

WA

Zip Code

98311-4149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00772

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph H. Pool

Mailing Address 701 S. Taylor Street
Suite 300

City State Zip Code
Amarillo TX 79101-2417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00773

Amount of Each Receipt this Period

405.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mike Fitzmaurice

Mailing Address 322 8Th Avenue S.E.

City State Zip Code
Minot ND 58701-4761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Oil Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00774

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mickey Myhre, Md

Mailing Address 906 Houston

City State Zip Code
Boise ID 83706-2526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Md

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00775

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1905.00

TOTAL This Period (last page this line number only)

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

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for each category of the
Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Erika Grunnet

Mailing Address 830 N Lagrange Road

City

Lagrange Park

State

IL

Zip Code

60526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delta Air Lines

Occupation

Flight Attendant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00776

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Barbara S. Collie

Mailing Address 224 Adams Trail

City

Keeling

State

VA

Zip Code

24566-2112

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00777

Amount of Each Receipt this Period

205.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Robert L. Garnett

Mailing Address 3012 Duffield Drive

City

Greensboro

State

NC

Zip Code

27410-6008

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00778

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

555.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Keith H. Jones

Mailing Address 9804 Gates Bluff Drive

City

Chesterfield

State

VA

Zip Code

23832-6336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Abilene Motor Express

Occupation
C. E. O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00779

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. James M. Dillon

Mailing Address P.O. Box 585

City

Lexington

State

NC

Zip Code

27293-0585

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00780

Amount of Each Receipt this Period

330.00

C.

Full Name (Last, First, Middle Initial)

Dr. Douglas Edwin Lemley

Mailing Address 6112 Lindley Woods Drive

City

Greensboro

State

NC

Zip Code

27410-4979

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00781

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1080.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Ruth E. Pifer

Mailing Address 1001 Parkview Blvd. #322

City

Columbus

State

OH

Zip Code

43219-2273

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00782

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James B. Robinson

Mailing Address 1727 Auburndale Avenue

City

Chattanooga

State

TN

Zip Code

37405-2101

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00783

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Patsy P. & Donald G. Jones

Mailing Address 335 Bryn Du Drive

City

Granville

State

OH

Zip Code

43023-1512

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00784

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John Albin

Mailing Address P.O. Box 377

City

Newman

State

IL

Zip Code

61942-0377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00785

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ltc. Tom C. Schnell

Mailing Address 8708 Anchorage Court

City

Fort Worth

State

TX

Zip Code

76179-3001

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00786

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms. Virginia L. Ricks

Mailing Address 3205 Wisteria Avenue

City

Brunswick

State

GA

Zip Code

31520-4332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00787

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Dino E.P. Mc Curdy

Mailing Address 801 Yale Avenue
The Strath Haven

City State Zip Code
Swarthmore PA 19081-1816

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 ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00788

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert H. Zimmer

Mailing Address 341 Eden Road

City State Zip Code
Palm Beach FL 33480-3317

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 ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00789

Amount of Each Receipt this Period

670.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert Cardone

Mailing Address 100 Lakeshore Drive
Apartment 1657

City State Zip Code
North Palm Beach FL 33408-3652

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00790

Amount of Each Receipt this Period

330.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. M. E. Bud Wentz, Jr.

Mailing Address P.O. Box 27

City

Olmito

State

TX

Zip Code

78575-0027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Farm & Ranch

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00791

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Mr. R. H. Glantz

Mailing Address 5351 S.E. Burning Tree Circle

City

Stuart

State

FL

Zip Code

34997-8034

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00792

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Samir Shafie

Mailing Address 212 Tremont Lane

City

Sarasota

State

FL

Zip Code

34236-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Cancer Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00793

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Jackie D. Willis

Mailing Address 904 G. Street

City
Snyder

State
OK

Zip Code
73566-2244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Willschild Oil & Gas Corp-
oration

Occupation
Oil & Gas Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00794

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Hamilton G. Arden, Jr.

Mailing Address 710 Lagoon Road

City
Vero Beach

State
FL

Zip Code
32963-2259

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00795

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert R. Welp

Mailing Address 2825 Golfside Drive

City
Naples

State
FL

Zip Code
34110-7002

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00796

Amount of Each Receipt this Period

245.00

SUBTOTAL of Receipts This Page (optional)

845.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John J. Casey

Mailing Address 4450 E. Camelback Road

City State Zip Code
Phoenix AZ 85018

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00797

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. John R. Webb

Mailing Address 25520 Fairway Dunes Ct

City State Zip Code
Bonita Springs FL 34135-7692

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00798

Amount of Each Receipt this Period

230.00

C.

Full Name (Last, First, Middle Initial)

Ms. Gloria S. Hamilton

Mailing Address 10401 Grosvenor Place
 Apartment 1102

City State Zip Code
Rockville MD 20852-4638

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00799

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

755.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Judith S. Hjartarson

Mailing Address 8812 E. Sonoran Way

City

Gold Canyon

State

AZ

Zip Code

85218-7131

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00800

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Rhonda Buck

Mailing Address 2776 Hillcrest Farms Road

City

Big Stone Gap

State

VA

Zip Code

24219-4002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00801

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Stephen J. Johnston

Mailing Address 3730 Baccarate Way

City

Marietta

State

GA

Zip Code

30062-8706

FEC ID number of contributing
federal political committee.

C

Name of Employer
I.B.M.

Occupation
I.T. Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00802

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Keith Goehring

Mailing Address P. O. Box 851

City

Parkston

State

SD

Zip Code

57366-0851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00803

Amount of Each Receipt this Period

260.00

B.

Full Name (Last, First, Middle Initial)

Mr. William C. Putnam, Jr.

Mailing Address 717 E. Highland Avenue

City

Carthage

State

MO

Zip Code

64836-3318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tapjac Company, Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00804

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael T. Robinson

Mailing Address 24 Via Floreado

City

Orinda

State

CA

Zip Code

94563-1925

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00805

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1260.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Barbara Fitch

Mailing Address 11 W. Oak Drive S.

City

Houston

State

TX

Zip Code

77056-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00806

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert H. Yarbrough

Mailing Address 16050 Fontaine Avenue

City

Austin

State

TX

Zip Code

78734-2649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retire

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00807

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles Koeber

Mailing Address 3421 Massachusetts Ave. S.E.

City

Washington

State

DC

Zip Code

20019-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Patent Research

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00808

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

1010.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Steven E. Young

Mailing Address 8555 Lateral B. Road

City

Wapato

State

WA

Zip Code

98951-9732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Concord Construction, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00809

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Carl R. Gross

Mailing Address 5895 Winterthur Ridge N. W.

City

Atlanta

State

GA

Zip Code

30328-4683

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00810

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald R. Damgaard

Mailing Address 42 Valley Drive

City

Barrington

State

IL

Zip Code

60010-4019

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00811

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Perry L. Weinstein

Mailing Address 2848 Shannon Road

City

Northbrook

State

IL

Zip Code

60062-4333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fgmkl, Inc.Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00812

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Warren F. Florkiewicz

Mailing Address 9760 E. Pinnacle Vista Drive
Foam Fabricators, Inc.

City

Scottsdale

State

AZ

Zip Code

85262-8431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Foam Fabricators, Inc.Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00813

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Margaretta H. Calvert

Mailing Address 41 Pond Lane

City

Bryn Mawr

State

PA

Zip Code

19010-1771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00814

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John C. Miller

Mailing Address 600 20Th Street N.

City

Birmingham

State

AL

Zip Code

35203-4659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Title Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00815

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Mr. Cecil F. Weigel

Mailing Address P.O. Box 136

City

Gorham

State

KS

Zip Code

67640-0136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00816

Amount of Each Receipt this Period

305.00

C.

Full Name (Last, First, Middle Initial)

Ms. Beverly Pevehouse

Mailing Address 810 Canonero Street

City

Midland

State

TX

Zip Code

79705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00817

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1265.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Brian E. Artzer

Mailing Address 11409 Business Park Circle

City

Firestone

State

CO

Zip Code

80504-9200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westec C.M.C.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00818

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donald F. Kress

Mailing Address P.O. Box 11564

City

Green Bay

State

WI

Zip Code

54307-1564

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 ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00819

Amount of Each Receipt this Period

1105.00

C.

Full Name (Last, First, Middle Initial)

Dr. Paul Deutsch

Mailing Address 2607 W. Dahlia Drive

City

Phoenix

State

AZ

Zip Code

85029-2571

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00820

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1905.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. David Francis Culkin

Mailing Address P.O. Box 811

City

Clarkdale

State

AZ

Zip Code

86324-0811

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00821

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Mary T. Claflin

Mailing Address 998 Cedar Circle

City

Blanco

State

TX

Zip Code

78606-4636

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00822

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Goodwin

Mailing Address 1812 N. Kenmore Avenue

City

Los Angeles

State

CA

Zip Code

90027-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00823

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Ruth Mc Guire

Mailing Address 6698 Arno Way

City

Boynton Beach

State

FL

Zip Code

33472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00824

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ms. Helen E. Turner

Mailing Address 44834 Doral Drive

City

Indian Wells

State

CA

Zip Code

92210-7604

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00825

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Helen M. Reinsch

Mailing Address 114 Avenida Las Palmas

City

Rancho Mirage

State

CA

Zip Code

92270-0337

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00826

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2850.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John B. Harmon, Jr.

Mailing Address 90 E. Veterans Parkway

City State Zip Code
Barstow CA 92311

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00827

Amount of Each Receipt this Period

480.00

B.

Full Name (Last, First, Middle Initial)

Ms. Irene De Vivo

Mailing Address 332 Edgewood Road

City State Zip Code
Kensington CT 06037-3408

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 ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00828

Amount of Each Receipt this Period

305.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey W. Sterling

Mailing Address 1128 Rolena Circle N.W.

City State Zip Code
Canton OH 44708-3279

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaver Excavating Company

Occupation
Construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00829

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1385.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Raymond S. Chan

Mailing Address 13640 39Th Avenue
Suite 301

City State Zip Code
Flushing NY 11354-5536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00830

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. William G. Doolittle

Mailing Address P.O. Box 400

City State Zip Code
Carmel CA 93921-0400

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00831

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Ms. Harriet Halsell

Mailing Address 4341 Potomac Avenue

City State Zip Code
Dallas TX 75205-2683

FEC ID number of contributing
federal political committee.

C

Name of Employer
M.D.C. Gift Shops

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00832

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard M. Moley

Mailing Address P.O. Box 4316

City

Carmel

State

CA

Zip Code

93921-4316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Private Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00833

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John L. Love

Mailing Address P.O. Box 305
1159 Sombria Court

City

Pebble Beach

State

CA

Zip Code

93953-0305

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00834

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Rex R. Veal

Mailing Address 5260 Woodridge Forest Trail

City

Atlanta

State

GA

Zip Code

30327-1375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kilpatrick Stockton LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00835

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Lt. Gen. Charles P. Graham

Mailing Address 134 Warbler Way

City

Georgetown

State

TX

Zip Code

78633-4804

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00836

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard E. Giesecke

Mailing Address P.O. Box 36

City

Marble Falls

State

TX

Zip Code

78654-0036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00837

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joel D. Rentz

Mailing Address 3609 Cinnamon Trace Drive

City

Valrico

State

FL

Zip Code

33596-6059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tri-Tech

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00838

Amount of Each Receipt this Period

490.00

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ltc. Tom C. Schnell

Mailing Address 8708 Anchorage Court

City

Fort Worth

State

TX

Zip Code

76179-3001

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00839

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark J. Ogren

Mailing Address P.O. Box 15

City

Stillwater

State

MN

Zip Code

55082-0015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00840

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Gail Arnfelt

Mailing Address 1235 Ridge Road

City

Owatonna

State

MN

Zip Code

55060-1976

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00841

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

660.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 286 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Rebecca Ferguson Prewit Et Al

Mailing Address 614 N.W. Avenue I.

City

Hamlin

State

TX

Zip Code

79520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00842

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Willis E. Miller

Mailing Address P.O. Box 456

City

Kalona

State

IA

Zip Code

52247-0456

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00843

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. Norman Paul Richards, Sr.

Mailing Address 5586 W. Dunnellon Road

City

Dunnellon

State

FL

Zip Code

34433-2626

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00844

Amount of Each Receipt this Period

205.00

SUBTOTAL of Receipts This Page (optional)

905.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 287 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin K. Kim

Mailing Address 3148 Brookhollow Drive

City

Dallas

State

TX

Zip Code

75234-6486

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00845

Amount of Each Receipt this Period

385.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Zaleski

Mailing Address 4159 Allegheny Drive

City

Troy

State

MI

Zip Code

48085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pricewaterhousecoopers

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00846

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Marvin D. Bower

Mailing Address 8650 E. Staghorn Lane

City

Scottsdale

State

AZ

Zip Code

85266-1057

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00847

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

885.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 288 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. James L. Wiley

Mailing Address 8100 Three Chopt Road
Room 125

City State Zip Code
Richmond VA 23229-4836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00848

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Roderick Isler

Mailing Address 1703 Mansion Ridge Road

City State Zip Code
Annapolis MD 21401-6588

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00849

Amount of Each Receipt this Period

420.00

C.

Full Name (Last, First, Middle Initial)

Mr. James M. Burton

Mailing Address 105 Post Oak Trail

City State Zip Code
Athens GA 30606-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burton and Burton

Occupation
Special Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00850

Amount of Each Receipt this Period

7500.00

SUBTOTAL of Receipts This Page (optional)

8920.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 289 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence J. DeGeorge

Mailing Address 176 Spyglass Lane

City

Jupiter

State

FL

Zip Code

33477-5094

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00851

Amount of Each Receipt this Period

28500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Florence A. DeGeorge

Mailing Address 176 Spyglass Lane

City

Jupiter

State

FL

Zip Code

33477-4037

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00852

Amount of Each Receipt this Period

28500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Sunderland

Mailing Address 953 Pyrite Avenue

City

Henderson

State

NV

Zip Code

89011

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00853

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

57500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Grammig

Mailing Address 21 Bahama Circle

City

Tampa

State

FL

Zip Code

33606-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland & Knight, L.L.P.Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00854

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. George Haefner

Mailing Address P.O. Box 506

City

Jackson

State

WY

Zip Code

83001-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00855

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark Barnes

Mailing Address 1350 Eye Street N.W.

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00856

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Rufus L. Hayden

Mailing Address 508 North Hidalgo Avenue

City

Alhambra

State

CA

Zip Code

91801-2642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Personal Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00857

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Claude V. Offray, Jr.

Mailing Address 360 State Route 24

City

Chester

State

NJ

Zip Code

07930-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Offray Specialty Narrow
Fabrics

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00858

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Christina B. Larson

Mailing Address 346 La Salle Road

City

Goleta

State

CA

Zip Code

93117

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00859

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William Mc Clintock

Mailing Address 1583 E. 2Nd Street

City

Scotch Plains

State

NJ

Zip Code

07076-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wikliam Mcclintock Assoc-
iates

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00860

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel F. May

Mailing Address 1988 Snowberry Court

City

Carlsbad

State

CA

Zip Code

92009-8408

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00861

Amount of Each Receipt this Period

270.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ernest Borgaro

Mailing Address 3620 La Entrada

City

Santa Barbara

State

CA

Zip Code

93105-4511

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00862

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1520.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Matthew A. Baxter

Mailing Address 195 Joshuatown Road

City

Lyme

State

CT

Zip Code

06371-3125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ruane, Conniff & Company

Occupation

Investment Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00863

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Swarner

Mailing Address 16725 14Th Avenue Court S.

City

Spanaway

State

WA

Zip Code

98387

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00864

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Caldwell

Mailing Address 28302 Jenny Place

City

Macon

State

MO

Zip Code

63552-4324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00865

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 294 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. J. Wagner

Mailing Address 18000 Smith Road

City

Aurora

State

CO

Zip Code

80011-3511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wagner Equipment Company

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00866

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frank Derango

Mailing Address 1436 W. Flournoy St.
Apartment 3

City

Chicago

State

IL

Zip Code

60607-3273

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Independent Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00867

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. J. Patrick Hughes

Mailing Address 4524 Magnolia Street

City

Bellaire

State

TX

Zip Code

77401-4211

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00868

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

4750.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Ronald J. White

Mailing Address 144 Rivers Edge Lane

City

Upper Sandusky

State

OH

Zip Code

43351-9488

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00869

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)

Col. Gustav J. Braun, Jr.

Mailing Address 3104 Little Creek Lane

City

Alexandria

State

VA

Zip Code

22309-2126

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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00870

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City

State College

State

PA

Zip Code

16803-1822

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00871

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

510.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 296 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Victor & Anngel Benoun

Mailing Address 24756 Calle Serranona

City

Calabasas

State

CA

Zip Code

91302-3015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00872

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert G. Whelan

Mailing Address 84 Running Creek Circle

City

Rochester

State

NY

Zip Code

14623-4159

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00873

Amount of Each Receipt this Period

245.00

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas L. Poland

Mailing Address 3985 W. 214Th Street

City

Fairview Park

State

OH

Zip Code

44126-1268

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00874

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1045.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 297 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James A. York

Mailing Address 7320 North Prospect Avenue

City State Zip Code
Fresno CA 93711-0247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00875

Amount of Each Receipt this Period

305.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Maria D. Correa

Mailing Address 267 Adrienne Avenue

City State Zip Code
Stockton CA 95215-5901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00876

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph W. Reynolds

Mailing Address 9849 E. Ida Circle

City State Zip Code
Greenwood Village CO 80111-3750

FEC ID number of contributing
federal political committee.

C

Name of Employer
Re Max International, Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00877

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 298 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Martin Lynch

Mailing Address 210 Vista Del Monte

City

Los Gatos

State

CA

Zip Code

95030

FEC ID number of contributing
federal political committee.

C

Name of Employer
2Wire

Occupation

Evp Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00878

Amount of Each Receipt this Period

670.00

B.

Full Name (Last, First, Middle Initial)

Mr. John R. Carr, Jr.

Mailing Address 8140 Township Line Road
Apartment 3302

City

Indianapolis

State

IN

Zip Code

46260-5862

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 ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00879

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. William J. Smith, Jr.

Mailing Address 1765 Larchmont Court

City

Merritt Island

State

FL

Zip Code

32952-5637

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 ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: 2009M02L11AI00880

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

1220.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 299 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. R. G. Sherrill, Jr.

Mailing Address P.O. Box 19653

City

Charlotte

State

NC

Zip Code

28219-9653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steelfab, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00881

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Mr. David L. Bodenhamer

Mailing Address 610 Widgeon Lane N.W.

City

Atlanta

State

GA

Zip Code

30327-4757

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00882

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dayol A Hart

Mailing Address 3307 N. 43Rd Place

City

Phoenix

State

AZ

Zip Code

85018-6422

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00883

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 300 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles L. Cooper

Mailing Address 345 E. Lake Avenue

City

Longwood

State

FL

Zip Code

32750-5590

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	0	9

Transaction ID: 2009M02L11AI00884

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Mr. Wayne Ahart

Mailing Address 8017 Cobblestone

City

Austin

State

TX

Zip Code

78735-7901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brokers National Life Ass-
ociationOccupation
Chirman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	0	9

Transaction ID: 2009M02L11AI00885

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Deacon & M William D. Pivarnik

Mailing Address 104 Federal Road

City

Locust Grove

State

VA

Zip Code

22508-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	0	9

Transaction ID: 2009M02L11AI00886

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Claire Heiss

Mailing Address 130 Maple Avenue

City

East Stroudsburg

State

PA

Zip Code

18301-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00887

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Kirk

Mailing Address 102 Richwood Drive

City

Hattiesburg

State

MS

Zip Code

39402-2220

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00888

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Gary White

Mailing Address 2101 Treasure Hills Boulevard
Apartment 526

City

Harlingen

State

TX

Zip Code

78550-8749

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 ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00889

Amount of Each Receipt this Period

670.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Faith Copeland

Mailing Address 7501 Anaqua Drive

City

Austin

State

TX

Zip Code

78750-7913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00890

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Jeanne D. Brown

Mailing Address 1008 Crestview Drive

City

Millbrae

State

CA

Zip Code

94030-1035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00891

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Michael Kaplan

Mailing Address 225 East 86th Street
Ph 2

City

New York

State

NY

Zip Code

10028-3021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davis Polk & Wardwell

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00892

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Judith G Thompson

Mailing Address 103 Jumento Cay Lane

City

Bonita Springs

State

FL

Zip Code

34134

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00893

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Herron

Mailing Address 139 Cherry Laurel Lane

City

Ridgeland

State

MS

Zip Code

39157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Entergy

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00894

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Chris P. Ethridge

Mailing Address 709 Welford Court

City

Madison

State

MS

Zip Code

39110-7583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Sports Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00895

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 304 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Guy Maes

Mailing Address 2077 Kingfisher Lane

City

Green Bay

State

WI

Zip Code

54313-8098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00896

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert J Hannum, III

Mailing Address 3450 Palencia Dr.
#1004

City

Tampa

State

FL

Zip Code

33618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00897

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Raymond M Timpanelli

Mailing Address 5005 Southern Hills Dr

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Geologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00898

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Patrick Anderson

Mailing Address 10427 Mckenna Ct

City

Orland Park

State

IL

Zip Code

60467-8890

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pfa Systems Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00899

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Joel Schretenthaler

Mailing Address 301 A Stone Hill Dr

City

Brenham

State

TX

Zip Code

77833-5623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00900

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Allan W. Corcoran

Mailing Address 9414 Parkwood Court

City

Fort Myers

State

FL

Zip Code

33908-2857

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00901

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 306 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Barbara H. Wilson

Mailing Address 2540 Green Street

City

San Francisco

State

CA

Zip Code

94123-4629

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 ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00902

Amount of Each Receipt this Period

3500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Theodore N. Giovanis

Mailing Address P.O. Box 130

City

Highland

State

MD

Zip Code

20777-0130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00903

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mr. John F. Harkins

Mailing Address 884 Brianwood Road

City

Newtown Square

State

PA

Zip Code

19073-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Mechanical Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00904

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

4850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 307 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Miss Ann F. Bartlett

Mailing Address 6533 Hedding Street

City

Los Angeles

State

CA

Zip Code

90045-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	0	9

Transaction ID: 2009M02L11AI00905

Amount of Each Receipt this Period

360.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Frances W. O' Hornett

Mailing Address 2300 Riverside Drive

City

Tulsa

State

OK

Zip Code

74114

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	0	9

Transaction ID: 2009M02L11AI00906

Amount of Each Receipt this Period

495.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lance Ringhaver

Mailing Address 10421 Fern Hill Drive

City

Riverview

State

FL

Zip Code

33578-9305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ringhaver Equipment Compa-
nyOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	0	9

Transaction ID: 2009M02L11AI00907

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1105.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Bauer

Mailing Address 2 Commonwealth Avenue

City

Newburgh

State

NY

Zip Code

12550-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Alloys Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00908

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lewis Eugene Crowley

Mailing Address 417 Park Avenue

City

Manhasset

State

NY

Zip Code

11030-2644

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00909

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Lena Longo

Mailing Address 763 Patterson Place

City

Pacific Plsds

State

CA

Zip Code

90272-4377

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00910

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Gregory R. New

Mailing Address 2755 Ordway Street N.W.
 Apartment 405

City State Zip Code
Washington DC 20008-5005

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00911

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Cole W. Litton

Mailing Address 4723 Sheller Avenue

City State Zip Code
Dayton OH 45432-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00912

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. Fred L. Marion

Mailing Address 1101 Indian Mound Trail

City State Zip Code
Vero Beach FL 32963-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00913

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Fred L. Marion

Mailing Address 1101 Indian Mound Trail

City

Vero Beach

State

FL

Zip Code

32963-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00914

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John R. Parker

Mailing Address 1380 W. Wisconsin Avenue
Apartment 117

City

Oconomowoc

State

WI

Zip Code

53066-2680

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00915

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Sybil F. Roos

Mailing Address 10220 Memorial Drive
Apartment 78

City

Houston

State

TX

Zip Code

77024-3227

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00916

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 311 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. David Buchanan

Mailing Address 15300 Turkey Foot Road

City

Gaithersburg

State

MD

Zip Code

20878-3641

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00917

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Sherry L. Reynolds

Mailing Address 6217 Mori Street

City

McLean

State

VA

Zip Code

22101-3150

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00918

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Mr. John W. Fauver

Mailing Address 341 Llwyd's Lane

City

Vero Beach

State

FL

Zip Code

32963-3254

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00919

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 312 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. George P. Bissell

Mailing Address P.O. Box 3731

City

Greenville

State

DE

Zip Code

19807-0731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	0	9

Transaction ID: 2009M02L11AI00920

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Joan Schonholtz

Mailing Address 32 Beman Woods Court

City

Potomac

State

MD

Zip Code

20854-5481

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	0	9

Transaction ID: 2009M02L11AI00921

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles H. Carlan

Mailing Address 3420 Oakmont Drive

City

Pensacola

State

FL

Zip Code

32503-6900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hatch Mott Macdonald

Occupation

Engineer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	0	9

Transaction ID: 2009M02L11AI00922

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Julian Hansakul

Mailing Address 37 Parker Blvd.

City

Monsey

State

NY

Zip Code

10952-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer
N.Y.C. Dept. Of Small Bus-
iness Svcs.

Occupation

Cost Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00923

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. James W. Persons, II

Mailing Address 3044 Tioga Parkway

City

Baltimore

State

MD

Zip Code

21215-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commissioner Robinson

Occupation

Maryland Trooper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00924

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gerald Stebelton

Mailing Address 536 E. Allen Street

City

Lancaster

State

OH

Zip Code

43130-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00925

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Lee R. Baker

Mailing Address 3103 S.W. 37Th Street

City

Des Moines

State

IA

Zip Code

50321-1331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00926

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Harold Mathena

Mailing Address 3533 N.W. 173Rd Circle

City

Edmond

State

OK

Zip Code

73012-6765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mathena Inc.

Occupation
President / C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00927

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. John W. Todd

Mailing Address 890 E. Harrison Avenue
Apartment 26

City

Pomona

State

CA

Zip Code

91767-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00928

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Carl R. Peterson

Mailing Address 3104 164Th Avenue S.E.

City

Harwood

State

ND

Zip Code

58042-9732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peterson Farms Seed

Occupation

Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00929

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Mr. Arnold H. Johnson

Mailing Address 29 Meadowlark Lane

City

Hilton Head Island

State

SC

Zip Code

29926-1371

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00930

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas K. Armstrong

Mailing Address P.O. Box 2299

City

Natchez

State

MS

Zip Code

39121-2299

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Armstrong Foundation

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00931

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Theresa J. Pelaia

Mailing Address 2309 Kennwynn Road Wynnwood

City State Zip Code
Wilmington DE 19810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00932

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Andrew Hython

Mailing Address 542 Elm Street

City State Zip Code
Canonsburg PA 15317-1429

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00933

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ms. Jose Antonio Vidal

Mailing Address 888 Brickell Key Drive
 Apartment 1211

City State Zip Code
Miami FL 33131-2665

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00934

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard W. Reynolds

Mailing Address 3421 Pecos Street
Apartment 11

City State Zip Code
Austin TX 78703-1066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00935

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Ansley G. Green

Mailing Address 54 Tumin Lane

City State Zip Code
Mobile AL 36608-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00936

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Fredrick Malpass

Mailing Address 1985 Lalonde Road

City State Zip Code
East Jordan MI 49727-9454

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Indan Iron Works

Occupation
Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00937

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Gatewood

Mailing Address 2708 Frankfort Avenue

City

Louisville

State

KY

Zip Code

40206-2610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Druther's Systems, Inc.

Occupation

President/Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00938

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Raymon A. York

Mailing Address 5419 E. Valle Vista Road

City

Phoenix

State

AZ

Zip Code

85018-1929

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ewine Irrigation Products

Occupation

Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00939

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Renga Rajan

Mailing Address 774 Conshohocken State Road

City

Bala Cynwyd

State

PA

Zip Code

19004

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00940

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Erwin R Feyrer

Mailing Address 5734 N. Bernard Street

City

Chicago

State

IL

Zip Code

60659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00941

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ralph R. Kriesel

Mailing Address 6141 Arctic Way

City

Edina

State

MN

Zip Code

55436-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Larson Chev-Olds, Inc.

Occupation

Automobile Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00942

Amount of Each Receipt this Period

330.00

C.

Full Name (Last, First, Middle Initial)

Rev. Marcos J. Gonzalez

Mailing Address 3768 Glenfeliz Blvd.

City

Los Angeles

State

CA

Zip Code

90039-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Archdiocese Of Los Angeles

Occupation

Catholic Priest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00943

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John B. Thompson

Mailing Address 5212 Makalena Street

City

Honolulu

State

HI

Zip Code

96821-1809

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00944

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Mr. Felix I. Jacobson

Mailing Address 145 Timber Hill Drive

City

Monroe Township

State

NJ

Zip Code

08831-4659

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00945

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. James T. Blakeley

Mailing Address 105 Henry Road

City

Vicksburg

State

MS

Zip Code

39183-9567

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00946

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Edward C. Melby, Jr.

Mailing Address P.O. Box 248

City

Charlotte

State

VT

Zip Code

05445-0248

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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00947

Amount of Each Receipt this Period

310.00

B.

Full Name (Last, First, Middle Initial)

Ms. Marsha Bobalik Smith

Mailing Address 148 Warren Hill Road

City

Cornwall Bridge

State

CT

Zip Code

06754-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00948

Amount of Each Receipt this Period

245.00

C.

Full Name (Last, First, Middle Initial)

Mr. Wallace K. Graham

Mailing Address 14 Frost Road

City

Northwood

State

NH

Zip Code

03261-4035

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00949

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1055.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Charles E. Hewitt

Mailing Address 100 Willow Valley Square
 Apartment K-204

City State Zip Code
Lancaster PA 17602-4885

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00950

Amount of Each Receipt this Period

270.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Bass

Mailing Address 533 Natchez Trace

City State Zip Code
Chesapeake VA 23322-7284

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00951

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. D. H. Griffin

Mailing Address 2022 Shimer Drive

City State Zip Code
Jamestown NC 27282-9336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00952

Amount of Each Receipt this Period

825.00

SUBTOTAL of Receipts This Page (optional)

1345.00

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Harold & Eleana Lueders

Mailing Address 226 Redbud Drive

City

Paradise

State

CA

Zip Code

95969-3708

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00953

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Jacqueline Ramey

Mailing Address 510 Long Street

City

Nevada City

State

CA

Zip Code

95959-2805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Motel Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00954

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Dr. Peter Bartzan

Mailing Address 1808 Grand Avenue

City

Manitowoc

State

WI

Zip Code

54220

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00955

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. W. R. Wigley, Jr.

Mailing Address 5528 Meaders Lane

City

Dallas

State

TX

Zip Code

75229-6652

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00956

Amount of Each Receipt this Period

270.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jack P. Hoover

Mailing Address 3074 E. Saginaw Way

City

Fresno

State

CA

Zip Code

93726-4212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farming

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00957

Amount of Each Receipt this Period

425.00

C.

Full Name (Last, First, Middle Initial)

Mr. Glenn A. Walker

Mailing Address 588 Silver Lake Road

City

Oak Harbor

State

WA

Zip Code

98277-9153

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00958

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Roger G. Bruce

Mailing Address 5225 S. Prince Street
 Apartment 715

City State Zip Code
 Littleton CO 80123-7776

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00959

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Judson Ardoin

Mailing Address 3250 Highway 190

City State Zip Code
 Eunice LA 70535-5125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00960

Amount of Each Receipt this Period

205.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Evalyn D. Hoover

Mailing Address 3074 E. Saginaw Way

City State Zip Code
 Fresno CA 93726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farming

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00961

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

955.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John L. Ford, Jr.

Mailing Address 1128 W. El Camino Drive

City

Phoenix

State

AZ

Zip Code

85021-5500

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00962

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Ms. Ellen Terrett

Mailing Address 2304 Comstock Street

City

Miles City

State

MT

Zip Code

59301-5073

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00963

Amount of Each Receipt this Period

245.00

C.

Full Name (Last, First, Middle Initial)

Ms. Yolanda B. Marimon

Mailing Address 35 Maymont Way

City

The Woodlands

State

TX

Zip Code

77382-3144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marimon Business Systems,
Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00964

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Louise C. Solheim

Mailing Address 501 W. Wakonda Lane

City State Zip Code
Phoenix AZ 85023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

01 / 13 / 2009

Transaction ID: 2009M02L11AI00965

Amount of Each Receipt this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Sue M. Cannon

Mailing Address 6420 W. Lakeridge Road

City State Zip Code
Lakewood CO 80227-3909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 13 / 2009

Transaction ID: 2009M02L11AI00966

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Samuel S. Sengemann, III

Mailing Address 10006 Bordley Drive

City State Zip Code
Houston TX 77042-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Briar School

Occupation
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

01 / 13 / 2009

Transaction ID: 2009M02L11AI00967

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

5175.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Ronald J. Vecchie

Mailing Address 2200 N. Wilmar Drive

City

Quincy

State

IL

Zip Code

62301-6909

FEC ID number of contributing
federal political committee.

C

Name of Employer
R.S.I.

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00968

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard K. Ingolia

Mailing Address 4909 Haring Court

City

Metairie

State

LA

Zip Code

70006-1024

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00969

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms. Lois C. Drum

Mailing Address 251 Chapel Road

City

Wheeling

State

WV

Zip Code

26003-4841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00970

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Dr. Mary Louise Formato, MD

Mailing Address **77 7Th Avenue**
Apartment 21C

City State Zip Code
New York NY 10011-6644

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00971

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
 Mrs. Leanora A. Remillard

Mailing Address **3233 N.E. 34Th Street**
Apartment 1410

City State Zip Code
Fort Lauderdale FL 33308-6922

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00972

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Eldon Gearing

Mailing Address **P.O. Box 14471**

City State Zip Code
Las Vegas NV 89114

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00973

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

740.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Gerald Mulder

Mailing Address 3394 Beaver Hollow Rd.

City

Jamul

State

CA

Zip Code

91935-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00974

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. Neal C. Lewis

Mailing Address 982 E. 1330 S.

City

Spanish Fork

State

UT

Zip Code

84660-0215

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00975

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven G. Damolaris

Mailing Address 330 North 3Rd Avenue

City

Villa Park

State

IL

Zip Code

60181-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer
City Of Naperville, Illin-
ois

Occupation
Engineering Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00976

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Miss Thelma Schlapia

Mailing Address 737 Wade Road

City

Longmont

State

CO

Zip Code

80503-7019

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00977

Amount of Each Receipt this Period

80.00

B.

Full Name (Last, First, Middle Initial)

Mr. Harry G. Robertson

Mailing Address 12908 Elm Street

City

Blue Island

State

IL

Zip Code

60406-2045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Railhead Corporation

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00978

Amount of Each Receipt this Period

245.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bruce H. Jacobs

Mailing Address 1004 Commercial Avenue
Suite 157

City

Anacortes

State

WA

Zip Code

98221

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00979

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Roger O. Wheelwright

Mailing Address 2318 Spring Creek Drive

City

Bozeman

State

MT

Zip Code

59715-4059

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 ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00980

Amount of Each Receipt this Period

305.00

B.

Full Name (Last, First, Middle Initial)

Ms. Laura S. Cheney

Mailing Address Box 1157
345 W Jewett

City

White Salmon

State

WA

Zip Code

98672-1157

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00981

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stanley Simon

Mailing Address 7 Fair Oaks Park

City

Needham

State

MA

Zip Code

02492-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Real Estate Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00982

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1055.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Peter F. Wilson

Mailing Address 453 Carmargue Lane

City

Biloxi

State

MS

Zip Code

39531-2252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bancorp South

Occupation

Financial Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00983

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Brig. Gen. Harold W. Rice

Mailing Address 8515 Costa Verde Blvd.
Apartment 852

City

San Diego

State

CA

Zip Code

92122-3078

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00984

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. M. J. Strahm

Mailing Address 1705 Roosevelt Street
Apartment 61

City

Sabetha

State

KS

Zip Code

66534-2156

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00985

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

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for each category of the
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William H. Bishop

Mailing Address 6825 S.W. Raleighwood Lane

City State Zip Code
 Portland OR 97225-1924

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00986

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Noel J. Watson

Mailing Address 1225 W. Market Street

City State Zip Code
 Germantown OH 45327-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00987

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ralph Hodgkins, Jr.

Mailing Address 130 Coco Plum Drive
 Apartment 402

City State Zip Code
 Marathon FL 33050-4028

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00988

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard K. Oliver

Mailing Address 354 W. Remington Drive

City State Zip Code
Chandler AZ 85286-7642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
C.P.A.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00989

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Teddy R. North

Mailing Address 2715 Portofino Place

City State Zip Code
Edmond OK 73034-6763

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00990

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Kingston Mc Kee

Mailing Address 1240 Patton Way

City State Zip Code
San Marino CA 91108-1931

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00991

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 336 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Gilbert S. Perlman

Mailing Address 19256 Allandale Drive

City

Tarzana

State

CA

Zip Code

91356-5818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00992

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph P. Brown

Mailing Address 15 Pinecrest Road

City

Thousand Oaks

State

CA

Zip Code

91361-1147

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00993

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lloyd Hackman

Mailing Address 15508 Fiddlesticks Boulevard

City

Fort Myers

State

FL

Zip Code

33912-4037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robbin Technology Corpora-
tion

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00994

Amount of Each Receipt this Period

235.00

SUBTOTAL of Receipts This Page (optional)

985.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 337 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Herbert E. Pickle

Mailing Address 20487 Wildcat Run Drive

City

Estero

State

FL

Zip Code

33928-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	0	9

Transaction ID: 2009M02L11AI00995

Amount of Each Receipt this Period

270.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jack Ragle

Mailing Address P.O. Box 537

City

Terre Haute

State

IN

Zip Code

47808-0537

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	0	9

Transaction ID: 2009M02L11AI00996

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. James M. Handy, Jr.

Mailing Address 608 Westbourne Road

City

West Chester

State

PA

Zip Code

19382-7419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chalmers & Kubock, Inc.Occupation
Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	0	9

Transaction ID: 2009M02L11AI00997

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1070.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Charles Beauchamp

Mailing Address 2627 Tellyman Avenue

City State Zip Code
Murfreesboro TN 37130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middle Tennessee State Un-
ivers

Occupation
Professor Of Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00998

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph Silva, Jr.

Mailing Address 103 West 5Th Street

City State Zip Code
Panama City FL 32401-2603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI00999

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Frances W. Warren

Mailing Address 65 W. 30Th Avenue
409 Cascade Manor

City State Zip Code
Eugene OR 97405-3373

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01000

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas G. Howard

Mailing Address 306 Poplar Street

City

Prattville

State

AL

Zip Code

36066-5353

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01001

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Cheryl Page

Mailing Address 13 Pipestone Drive

City

Miamisburg

State

OH

Zip Code

45342-6603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Valley Hospital

Occupation
Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01002

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John R. Hagie

Mailing Address 1001 8Th Avenue N. W.

City

Clarion

State

IA

Zip Code

50525-8501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hagie Manufacturing Company

Occupation
Manufacturer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01003

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Colin Gardner

Mailing Address 1529 Arlington Drive

City

Salt Lake City

State

UT

Zip Code

84103-4429

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01004

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Niill G. Mohler

Mailing Address 802 Shawnee Four Drive

City

Sunrise Beach

State

MO

Zip Code

65079-5320

FEC ID number of contributing
federal political committee.

C

Name of Employer
City Of Camdenton

Occupation
Airport Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01005

Amount of Each Receipt this Period

205.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gordon C. Brunkhorst

Mailing Address 4102 Highway 135

City

Florence

State

MO

Zip Code

65329-2171

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01006

Amount of Each Receipt this Period

340.00

SUBTOTAL of Receipts This Page (optional)

845.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Ben J. Lipps, Jr.

Mailing Address 3333 West Coast Highway
 #300

City State Zip Code
 Newport Beach CA 92663-4058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care

Occupation
President/C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01007

Amount of Each Receipt this Period

360.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lawrence Hixon

Mailing Address 5215 Paseo Cameo

City State Zip Code
 Santa Barbara CA 93111-1133

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01008

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Dr. M. Ray Kelly

Mailing Address 5403 Avenida Fiesta

City State Zip Code
 La Jolla CA 92037-7202

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01009

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

835.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Huei Hong Tsai

Mailing Address P.O. Box 2740

City

Temecula

State

CA

Zip Code

92593-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Piano Teacher

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01010

Amount of Each Receipt this Period

770.00

B.

Full Name (Last, First, Middle Initial)

Ms. Darleen M. Price

Mailing Address 12694 Ionia Court

City

Strongsville

State

OH

Zip Code

44149-3233

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01011

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Heinz Luedeking

Mailing Address 13841 S.W. 71St Lane

City

Miami

State

FL

Zip Code

33183-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ludeca, Inc.

Occupation

Business

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01012

Amount of Each Receipt this Period

620.00

SUBTOTAL of Receipts This Page (optional)

1610.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 343 / 1540
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William J. Neely

Mailing Address 1361 White Water Road

City State Zip Code
New Braunfels TX 78132-3283

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01013

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Dolores J. Summers

Mailing Address 7910 Edgewood Farm Road

City State Zip Code
Frederick MD 21702-2910

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01014

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert W. Browne

Mailing Address 2912 Riviera Blvd.

City State Zip Code
Malaga WA 98828-9733

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01015

Amount of Each Receipt this Period

245.00

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. T. J. Mc Causland, Jr.

Mailing Address 7117 Pelican Bay Blvd.
 Apartment 803

City State Zip Code
 Naples FL 34108-5556

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01016

Amount of Each Receipt this Period

550.00

B.

Full Name (Last, First, Middle Initial)

Mr. E. C. Sherling, Jr.

Mailing Address P.O. Box 311450

City State Zip Code
 Enterprise AL 36331-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Ford Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01017

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Louis Galan

Mailing Address 245 Lake Forest Drive

City State Zip Code
 Pinehurst NC 28374-8986

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01018

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Bruce Corey

Mailing Address 11010 N. 77Th Street

City

Scottsdale

State

AZ

Zip Code

85260-5564

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01019

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Col. James B. Randels

Mailing Address 901 Shalimar Cove

City

Shalimar

State

FL

Zip Code

32579-1666

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01020

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Ms. Marie R. Zobrist

Mailing Address 3220 37Th Avenue W.

City

Seattle

State

WA

Zip Code

98199-2509

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01021

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. D. Atkinson

Mailing Address 5804 Still Forest Drive

City

Dallas

State

TX

Zip Code

75252-4915

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01022

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Deborah Litman

Mailing Address 7632 Springhill Place N.E.

City

Bremerton

State

WA

Zip Code

98311-4149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01023

Amount of Each Receipt this Period

185.00

C.

Full Name (Last, First, Middle Initial)

Mr. John N. Badgett, Jr.

Mailing Address 1109 N. Heritage Drive

City

Maryville

State

TN

Zip Code

37803-6411

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01024

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

685.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Arthur L. Jung, III

Mailing Address 33 Farnham Place

City

Metairie

State

LA

Zip Code

70005-4007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01025

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Mimi Prentice

Mailing Address 435 E. 52nd Street
Apartment 12G

City

New York

State

NY

Zip Code

10022

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01026

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Sam F Grigsby, Jr.

Mailing Address P.O. Box 1919

City

Morristown

State

TN

Zip Code

37816-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community National Bank

Occupation
Banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01027

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Charles S. Canter

Mailing Address 46 Cotton Crossing W.

City

Savannah

State

GA

Zip Code

31411-1543

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01028

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. George F Hromyak, Jr.

Mailing Address 222 Country Lane

City

Frankfort

State

KY

Zip Code

40601-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates Of
Frankfort

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01029

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. Howard S. Hoover

Mailing Address 1509 Nantucket Drive

City

Houston

State

TX

Zip Code

77057-1911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01030

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James Brzezinski

Mailing Address P.O. Box 1616

City

Windermere

State

FL

Zip Code

34786-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Student

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01031

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Dr. Karen E. Frye

Mailing Address 8254 Count Road 64
Apartment 1001

City

Daphne

State

AL

Zip Code

36526-6180

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Of Southern Al-
abama

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01032

Amount of Each Receipt this Period

310.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard Gill

Mailing Address 2200 S. Ocean Lane

City

Fort Lauderdale

State

FL

Zip Code

33316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01033

Amount of Each Receipt this Period

205.00

SUBTOTAL of Receipts This Page (optional)

915.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Lila L. Correa

Mailing Address 5810 Cross Creek Circle

City

Tyler

State

TX

Zip Code

75703-0506

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01034

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Ruth B. Brenninkmeyer

Mailing Address 907 Newbury Neck Road
P.O. Box 152

City

Surry

State

ME

Zip Code

04684-0152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01035

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Maximiliaan J. Brenninkmeyer

Mailing Address 907 Newbury Neck Road
P.O. Box 152

City

Surry

State

ME

Zip Code

04684-3711

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01036

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Susan Atwell

Mailing Address 1622 Verrazzano Drive

City

Wilmington

State

NC

Zip Code

28405-4224

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01037

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Hord, Jr.

Mailing Address 2242 Malvern Road

City

Charlotte

State

NC

Zip Code

28207-2626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnston, Allison, & Hord

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01038

Amount of Each Receipt this Period

205.00

C.

Full Name (Last, First, Middle Initial)

Mr. William C. Mc Kinzie

Mailing Address 1128 Three Dog Road

City

Chapin

State

SC

Zip Code

29036-8844

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01039

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

955.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Craig W. Moore

Mailing Address 717 Kennington Terrace

City

Lake Forest

State

IL

Zip Code

60045-2030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01040

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Ms. Virginia L. Ricks

Mailing Address 3205 Wisteria Avenue

City

Brunswick

State

GA

Zip Code

31520-4332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01041

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Gilbert D. Moyle, III

Mailing Address P. O. Box 2860

City

Rapid City

State

SD

Zip Code

57709-2860

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moyle Petroleum

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01042

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

820.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard S. Griffith

Mailing Address 3417 Milam Street

City

Houston

State

TX

Zip Code

77002-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard S GriffithOccupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	0	9

Transaction ID: 2009M02L11AI01043

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Sharon M. Lopez

Mailing Address 23721 Mariner Drive
Apartment 26

City

Dana Point

State

CA

Zip Code

92629

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	0	9

Transaction ID: 2009M02L11AI01044

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Fred & Carolyn Carnes

Mailing Address 1 Brady Place

City

Menlo Park

State

CA

Zip Code

94025-3577

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	0	9

Transaction ID: 2009M02L11AI01045

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Renee & Kem Kantor

Mailing Address 21 Deer Oaks Court

City

Pleasanton

State

CA

Zip Code

94588-8233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alco Iron & Metal

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01046

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Margaret G. Carswell

Mailing Address 300 Bull Street
Apartment 602

City

Savannah

State

GA

Zip Code

31401-4332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01047

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Dolores E. Cakebread

Mailing Address P.O. Box 531

City

Rutherford

State

CA

Zip Code

94573-0531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01048

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Horace A. Ensign

Mailing Address 1579 Vineyard Drive

City

Bountiful

State

UT

Zip Code

84010-1333

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01049

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Jane W. Seward

Mailing Address 7 Abbey Nord Place

City

Jackson

State

MS

Zip Code

39216-3743

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01050

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. W. Melnar

Mailing Address 107 Blacksmiths Drive

City

Georgetown

State

TX

Zip Code

78633-4518

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01051

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Paul P. Romeo

Mailing Address 10999 Terry Way

City

Los Altos

State

CA

Zip Code

94024-6539

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01052

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Dewey and Nancy Owen

Mailing Address 3179 F.M. 2808

City

Kempner

State

TX

Zip Code

76539

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01053

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Carlton Bjerkaas

Mailing Address 1324 N. Fir Place

City

Sioux Falls

State

SD

Zip Code

57107

FEC ID number of contributing
federal political committee.

C

Name of Employer
S. A. I. C.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01054

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

2110.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Maria Teresa Regirer

Mailing Address 9 Roslyn Hills Drive

City

Richmond

State

VA

Zip Code

23229-7912

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	0	9

Transaction ID: 2009M02L11AI01055

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Angela D'Astici Dusa

Mailing Address 309 Washington Avenue

City

Glencoe

State

IL

Zip Code

60022-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	0	9

Transaction ID: 2009M02L11AI01056

Amount of Each Receipt this Period

360.00

C.

Full Name (Last, First, Middle Initial)

Mr. James E. Lewis

Mailing Address P.O. Box 59825

City

Panama City

State

FL

Zip Code

32412-0825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Express Lane, Inc.Occupation
Store Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	0	9

Transaction ID: 2009M02L11AI01057

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1510.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Andrew B. Anderson

Mailing Address 9664 N.W. 1St Pl.

City

Coral Springs

State

FL

Zip Code

33071-7327

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01058

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Timothy J Nelson

Mailing Address 68 Elm Street

City

Canton

State

MA

Zip Code

02021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01059

Amount of Each Receipt this Period

28500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bob Ingram

Mailing Address 5044 Ziklag Cir

City

Birmingham

State

AL

Zip Code

35235-2181

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01060

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

29125.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Mary L. Stone

Mailing Address **6 Whittier Place**
Apartment 6P

City State Zip Code
Boston MA 02114-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Growth Management

Occupation
Associate Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01061

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stanley Adams

Mailing Address **2112 Natalie Lane**

City State Zip Code
Birmingham AL 35244-3310

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01062

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles Tashjian

Mailing Address **56 Dartmouth Street**

City State Zip Code
Medford MA 02155-5950

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01063

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Donn P. Barber

Mailing Address 3908 Richfield Road

City

Minneapolis

State

MN

Zip Code

55410-1223

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01064

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Dale Johnson

Mailing Address 3 Birchwood Road

City

Mahtomedi

State

MN

Zip Code

55115-1824

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01065

Amount of Each Receipt this Period

245.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard R. Blessing, Jr.

Mailing Address 142 Pine Ridge Drive

City

Whispering Pines

State

NC

Zip Code

28327-9484

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 ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01066

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Bruce Peck

Mailing Address 3212 Bay Road S. Drive

City

Indianapolis

State

IN

Zip Code

46240-2974

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01067

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James I. Grantham

Mailing Address 12932 Victory Church Road

City

Raleigh

State

NC

Zip Code

27613-5934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01068

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. John C. Dodd

Mailing Address 11 Hanover Lane

City

Sugar Grove

State

IL

Zip Code

60554-9184

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01069

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Guillermo Giandoni

Mailing Address 12802 Valleyhill Street

City

Woodbridge

State

VA

Zip Code

22192-6419

FEC ID number of contributing
federal political committee.

C

Name of Employer
G.C.C., Federal Services,
L.L.C.

Occupation

Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01070

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Jim Rodgers

Mailing Address 205 N. Madison Street

City

Quincy

State

FL

Zip Code

32351-2444

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01071

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Jayne Dittberner

Mailing Address 615 Laurel Lake Drive
Unit A204

City

Columbus

State

NC

Zip Code

28722-7426

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01072

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

745.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Alex S. Geczy

Mailing Address 4825 Dunman Avenue

City

Woodland Hills

State

CA

Zip Code

91364-3821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01073

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Marielyn Bixby

Mailing Address 6249 Gentry Avenue

City

North Hollywood

State

CA

Zip Code

91606-3309

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01074

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ralph Kern

Mailing Address P.O. Box 783189

City

Winter Garden

State

FL

Zip Code

34778-3189

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Motorcycle Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01075

Amount of Each Receipt this Period

305.00

SUBTOTAL of Receipts This Page (optional)

765.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. David J. Oven

Mailing Address P. O. Box 1466

City

State

Zip Code

Enid

OK

73702-1466

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Investments

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01076

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Harold W. Rixie

Mailing Address 306 Shady Lane

City

State

Zip Code

White House

TN

37188-9319

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01077

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. William H. Lowery

Mailing Address 160 Moorings Park Drive
Apartment J-301

City

State

Zip Code

Naples

FL

34105

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01078

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Lee Kidd

Mailing Address P.O. Box 1359

City

Denver City

State

TX

Zip Code

79323-1359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01079

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Fraser

Mailing Address 263 Barefoot Beach Blvd.
Apartment 201

City

Bonita Springs

State

FL

Zip Code

34134-8580

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01080

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Rosemary A. Noecker

Mailing Address 2817 Old Pond Cove

City

Fort Wayne

State

IN

Zip Code

46815-8573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01081

Amount of Each Receipt this Period

215.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Alan L. Herd

Mailing Address P.O. Box 6809

City

Hilton Head Island

State

SC

Zip Code

29938-6809

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 ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01082

Amount of Each Receipt this Period

405.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard C. Allen

Mailing Address 1029 East Vista Avenue

City

Phoenix

State

AZ

Zip Code

85020-4121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allen Tenant Services

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01083

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David V. Wachs

Mailing Address 215 West Church Road
Suite 108

City

King Of Prussia

State

PA

Zip Code

19406-3209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
C.P.A.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01084

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 367 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Eunice A. Mc Kain

Mailing Address 2339 Benson Gardens Boulevard
Apartment 8City State Zip Code
Omaha NE 68134-6764FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01085

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Philip Sweeney

Mailing Address 2419 N. Black Canyon Highway
Suite 3City State Zip Code
Phoenix AZ 85009-1830FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Skyline Window Cleaning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01086

Amount of Each Receipt this Period

270.00

C.

Full Name (Last, First, Middle Initial)

Mr. William Stewart

Mailing Address 2934 Craft Road

City State Zip Code
Bridgeville DE 19933-3237FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01087

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

795.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Walter Estridge

Mailing Address 3907 Country Club Road

City

Arlington

State

TX

Zip Code

76013-3047

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01088

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John J. Powell

Mailing Address 1542 Frankstown Road

City

Hollidaysburg

State

PA

Zip Code

16648-9295

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 ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01089

Amount of Each Receipt this Period

305.00

C.

Full Name (Last, First, Middle Initial)

Mr. Brandt M. Norquist

Mailing Address 2430 Graceland Avenue

City

San Carlos

State

CA

Zip Code

94070-4405

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01090

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1205.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Harvey I. Rutenberg

Mailing Address 2995 Woodside Road
Suite 400

City State Zip Code
Woodside CA 94062-2448

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01091

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Gloria V. Mullendore

Mailing Address 1530 Dove Court

City State Zip Code
Pasadena CA 91107-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer
S.C.S., Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01092

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. David G. Dunlap

Mailing Address 6134 Del Monte Drive

City State Zip Code
Houston TX 77057-3518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson & Walker, L.L.P.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01093

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Annette B. Weyerhaeuser

Mailing Address P.O. Box 1278

City

Tacoma

State

WA

Zip Code

98401-1278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01094

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Melvin Lobo

Mailing Address 832 W. 23Rd Street

City

Merced

State

CA

Zip Code

95340-3612

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 ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01095

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert G. Reynolds

Mailing Address 5117 Cedar Lawn Way

City

Las Vegas

State

NV

Zip Code

89130-3660

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01096

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James C. Roe

Mailing Address 337 The Hills Drive

City

The Hills

State

TX

Zip Code

78738-1340

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01097

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Anthony & Colette Stuart

Mailing Address 8 Muirfield Lane

City

Amarillo

State

TX

Zip Code

79124-4939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amarillo Anesthesia Assoc-
iate

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01098

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Ms. Suzanne Edwards

Mailing Address 2040 E. Waverly Street

City

Tucson

State

AZ

Zip Code

85719-3845

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01099

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William H. Cilker

Mailing Address 1631 Willow Street
Suite 225

City State Zip Code
San Jose CA 95125-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cilker Orchards

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01100

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Lydia Heston

Mailing Address 2859 Coldwater Canyon Drive

City State Zip Code
Beverly Hills CA 90210-1305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01101

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard S. Ledermann

Mailing Address P.O. Box 1274

City State Zip Code
Houston TX 77251-1274

FEC ID number of contributing
federal political committee.

C

Name of Employer
Olshan Lumber Company

Occupation
Owner Lumber Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01102

Amount of Each Receipt this Period

405.00

SUBTOTAL of Receipts This Page (optional)

1405.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John A. Georges

Mailing Address 9 Conyers Farm Drive

City

Greenwich

State

CT

Zip Code

06831-2736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01103

Amount of Each Receipt this Period

1100.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Susan Packer

Mailing Address 106 Capri Street

City

Sugar Land

State

TX

Zip Code

77478-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01104

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Hal B. Howard

Mailing Address 151 Grace Trail

City

Palm Beach

State

FL

Zip Code

33480-3943

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01105

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Will & Carolyn T. Price

Mailing Address 2634 Lowell Circle

City

Melbourne

State

FL

Zip Code

32935-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired Federal Government

Occupation

Engineer Noaa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01106

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Will & Carolyn T. Price

Mailing Address 2634 Lowell Circle

City

Melbourne

State

FL

Zip Code

32935-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired Federal Government

Occupation

Engineer Noaa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01107

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas W. Hudson, Jr.

Mailing Address 12071 S.E. Prestwick Terrace

City

Jupiter

State

FL

Zip Code

33469-1748

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01108

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Virginia D. Long

Mailing Address 22946 Espada Drive

City

Salinas

State

CA

Zip Code

93908-1015

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01109

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Andris Lacis

Mailing Address 2850 Pine Lake Road

City

West Bloomfield

State

MI

Zip Code

48324-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
B.T.G. Systems, Inc.

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01110

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Lavoie

Mailing Address 8 Ashmont Avenue

City

Newton

State

MA

Zip Code

02458-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01111

Amount of Each Receipt this Period

280.00

SUBTOTAL of Receipts This Page (optional)

580.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Donald W. Campbell

Mailing Address 1066 Alta Vista Drive

City

Laramie

State

WY

Zip Code

82072-5004

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 ▼

1095.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01112

Amount of Each Receipt this Period

1095.00

B.

Full Name (Last, First, Middle Initial)

Mr. Alfred B. Guinn

Mailing Address 1111 7Th Street

City

Wichita Falls

State

TX

Zip Code

76301-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Walsh and Watts, Inc.

Occupation
Oil and Gas Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01113

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Wayne H. Boller

Mailing Address 312 Wilma Glenn Drive

City

Mascoutah

State

IL

Zip Code

62258-1064

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01114

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1710.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Mary E. Predel

Mailing Address 59 Garnsey Road

City

Rexford

State

NY

Zip Code

12148-1205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Small Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01115

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jonathan Burkan

Mailing Address 1285 Avenue Of The Americas
20Th Floor

City

New York

State

NY

Zip Code

10019

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.B.S. Financial Services,
Inc.

Occupation

Vice President-Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L11AI01116

Amount of Each Receipt this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

Balwinder Singh

Mailing Address 494 First Street

City

Escalon

State

CA

Zip Code

95320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virk International

Occupation

Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L11AI01117

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

3800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Marlyn L Porterfield

Mailing Address 5610 Brickstone Pl

City
Hilliard

State
OH

Zip Code
43026-3886

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01118

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Maria Poulos

Mailing Address 2 Lisa Court

City
Patterson

State
NY

Zip Code
12563

FEC ID number of contributing
federal political committee.

C

Name of Employer
 lbn

Occupation
 Consulting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01119

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alexander Kulpecz

Mailing Address 90 Bryant Rd

City
Waretown

State
NJ

Zip Code
08758-2315

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Geologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01120

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Mr. Thomas Gandolfo

Mailing Address 8 Village Ln.
 Suite A-400

City State Zip Code
 Asheville NC 28803

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Self (Retired)

Occupation
 Oil/Gas Exploration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01121

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
 John David Vice

Mailing Address 5320 Mariners Dr.

City State Zip Code
 Plano TX 75093-4100

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Kodiak Networks Inc.

Occupation
 President & Ceo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01122

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
 Mr. K. P. Thomas

Mailing Address 8200 Horseshoe Bend Lane

City State Zip Code
 Las Vegas NV 89113-0127

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01123

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Angela Harenza

Mailing Address 2700 Waterview Pkwy Apt 5111

City State Zip Code
 Richardson TX 75080-1469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ret.

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01124

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Nicole R Harris

Mailing Address 111 Mission Ridge

City State Zip Code
 Pineville LA 71360-7752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arbor, Llc

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01125

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Victor Adams

Mailing Address 7529 Baltusrol Lane

City State Zip Code
 Charlotte NC 28210-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01126

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John Riley

Mailing Address 4090 Scarlet Iris Place

City

Winter Park

State

FL

Zip Code

32792-9412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Business Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01127

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Edward J Christy

Mailing Address 2996 Lake Road

City

Old Fort

State

NC

Zip Code

28762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dougherty Equipment Co.,
Inc.

Occupation

Sales

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01128

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Elisabeth J. Abbott

Mailing Address P.O. Box 295

City

Marion

State

IL

Zip Code

62959-0295

FEC ID number of contributing
federal political committee.

C

Name of Employer
Matrix Sales, Marion

Occupation

Small Business Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01129

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Irene Mc Cutchen

Mailing Address 12 Sandpiper Rd.

City

Westport

State

CT

Zip Code

06880-6927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01130

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John N Mcaleer

Mailing Address 17725 Scenic Hwy 98

City

Fairhope

State

AL

Zip Code

36532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Krispy Kreme Doughnuts

Occupation

Retired Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01131

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Christopher N Bunch

Mailing Address 2300 Flicker Lane

City

Fairfield

State

CA

Zip Code

94533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bunch Construction

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01132

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Kenneth Stevens

Mailing Address 1817 Westgate Pkwy

City

Atlanta

State

GA

Zip Code

30336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fly & Form, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01133

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Sherri Coasts

Mailing Address 10 Joaquin Road

City

Portola Vally

State

CA

Zip Code

94028-8115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01134

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Sutherland-Yoest

Mailing Address 29 Colonial Crescent

City

Ontario

State

OK

Zip Code

99999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01135

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Phillip R. Nicholson

Mailing Address 2049 Century Park E.
Suite 2800

City State Zip Code
Los Angeles CA 90067-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01136

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Phillip O. Geier, Jr.

Mailing Address 6000 Redbird Hollow Lane

City State Zip Code
Cincinnati OH 45243-3331

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01137

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Eldon Ford

Mailing Address 19 La Lita Lane

City State Zip Code
Santa Barbara CA 93105-1916

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 ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01138

Amount of Each Receipt this Period

335.00

SUBTOTAL of Receipts This Page (optional)

935.00

TOTAL This Period (last page this line number only)

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

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for each category of the
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Mr. Brooks T. Mancini

Mailing Address 320 Rock Blvd.
 #210

City State Zip Code
 Reno NV 89502-4153

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 B. T. Mancini Company, In-
 c.

Occupation
 Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01139

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
 Dr. Daniel Ziegler

Mailing Address 11617 Northview Drive

City State Zip Code
 Alledo TX 76008-5209

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01140

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Raymond Deeny

Mailing Address 90 S. Cascade Avenue

City State Zip Code
 Colorado Springs CO 80903

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Sherman & Howard, L.L.C.

Occupation
 Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01141

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Demitri Zouras

Mailing Address 6611 Brentwood Drive

City

Huntington Beach

State

CA

Zip Code

92648-6655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orange County Sanitation
District

Occupation
Electrician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01142

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Freddie Pyron

Mailing Address 535 Futral Road

City

Griffin

State

GA

Zip Code

30224-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer
TWA

Occupation
Ramp Servicer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01143

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ray T. Weeks

Mailing Address H.C 61 Box W9968

City

Ochopee

State

FL

Zip Code

34141-9119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miccosukee Tribe

Occupation
Public Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01144

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James P. Mills, Jr.

Mailing Address 355 Fairville Road

City

Chadds Ford

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01145

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph I. O'Neill, III

Mailing Address 5 Weeping Willow Lane

City

Midland

State

TX

Zip Code

79705-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Managing Partner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01146

Amount of Each Receipt this Period

1200.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Hobart B. Mc Mordie

Mailing Address 3200 Hawthorne Drive

City

Amarillo

State

TX

Zip Code

79109-3416

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01147

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

4700.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Blaine Comer

Mailing Address P. O. Box 39639

City

Downey

State

CA

Zip Code

90239-0639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Property Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01148

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard Rader

Mailing Address 453 E. 2200Th Road

City

Eudora

State

KS

Zip Code

66025-8103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Oil Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01149

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Tony Florentine

Mailing Address 626 N. Mountain View Place

City

Fullerton

State

CA

Zip Code

92831-3409

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01150

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Stuart D. Shumate

Mailing Address 1600 Westbrook Avenue
 Apartment 21

City State Zip Code
 Richmond VA 23227-3324

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01151

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Walter Bennett

Mailing Address 10375 Wilshire Blvd.
 Wilshire Terrace

City State Zip Code
 Los Angeles CA 90024-4712

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01152

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles H. Wolfinger

Mailing Address 219 Chandler Drive

City State Zip Code
 West Chester PA 19380-6810

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 ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01153

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

735.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Carolyn Beaubouef

Mailing Address 2512 Highway 5

City

Grand Cane

State

LA

Zip Code

71032-6118

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01154

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frederick S. Summers

Mailing Address 336 Reynolds Dr.

City

Eatonton

State

GA

Zip Code

31024-5408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vision Financial

Occupation
C. E. O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01155

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jack R. Taylor

Mailing Address 959 Old Ranch Road

City

Solvang

State

CA

Zip Code

93463-9617

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01156

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

910.00

TOTAL This Period (last page this line number only)

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

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for each category of the
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 George A. Costan

Mailing Address 501 Ves Road
 B306

City State Zip Code
 Lynchburg VA 24503

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Requested

Occupation
 Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01157

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
 Mrs. Ruth Bedford

Mailing Address 232 Highfield Lane

City State Zip Code
 Nutley NJ 07110-2448

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Requested

Occupation
 Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01158

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
 Yurata G. Modzelewski

Mailing Address 105 Powerville Road

City State Zip Code
 Boonton NJ 07005-8730

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01159

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Brian Sanford

Mailing Address 8241 Wheatberry Way

City State Zip Code
Clay NY 13041

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Sanfords Upstate Sales Co-
 .. LI

Occupation
 Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01160

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. Charles I. Black

Mailing Address 19 Jamestowne Court

City State Zip Code
Baton Rouge LA 70809-2165

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01161

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Foye F. Staniford, Jr.

Mailing Address 12739 Aston Creek Drive #10

City State Zip Code
Tampa FL 33626

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01162

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Doug E. Jackson

Mailing Address 3088 Lenox Road N.E.
 Apartment 323

City State Zip Code
 Atlanta GA 30324-3736

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Doug Jackson

Occupation
 Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01163

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Steven & Lorra J. Smith

Mailing Address 11402 S. 69Th East Ave.

City State Zip Code
 Bixby OK 74008-8239

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01164

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Edward Sorrentino

Mailing Address 100 Elliot Avenue

City State Zip Code
 Lake Grove NY 11755-2044

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Business Owner

Occupation
 Residential Contractor/Builder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01165

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Brian

Mailing Address 6223 74Th Avenue
 Floor 2

City State Zip Code
 Glendale NY 11385

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01166

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code
 Sand Springs OK 74063-8149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warehouse Market

Occupation
Carry Out

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01167

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code
 Sand Springs OK 74063-8149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warehouse Market

Occupation
Carry Out

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01168

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code
Sand Springs OK 74063-8149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warehouse Market

Occupation
Carry Out

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01169

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code
Sand Springs OK 74063-8149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warehouse Market

Occupation
Carry Out

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01170

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City State Zip Code
Sand Springs OK 74063-8149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warehouse Market

Occupation
Carry Out

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01171

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James Iocca, P.H.D.

Mailing Address 2815 Hearthstone Blvd.

City

Jackson

State

MI

Zip Code

49203-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

01 / 14 / 2009

Transaction ID: 2009M02L11AI01172

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Marian D. Swanson

Mailing Address 206 Lincoln Avenue

City

Barrington

State

RI

Zip Code

02806-2941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

01 / 14 / 2009

Transaction ID: 2009M02L11AI01173

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Thomas Mcgrath

Mailing Address 3413 Stanford Drive

City

Anchorage

State

AK

Zip Code

99508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frigid North Company

Occupation
Store Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 14 / 2009

Transaction ID: 2009M02L11AI01174

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

530.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William Schnell

Mailing Address 2708 Branch Street

City

Duluth

State

MN

Zip Code

55812-2335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Orndpaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01175

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Randy Comfort

Mailing Address 104 Christys Lane

City

Brandon

State

MS

Zip Code

39047-6533

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01176

Amount of Each Receipt this Period

420.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard Adee

Mailing Address P.O. Box 368

City

Bruce

State

SD

Zip Code

57220-0368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Beekeeper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01177

Amount of Each Receipt this Period

245.00

SUBTOTAL of Receipts This Page (optional)

915.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 398 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Roger Blackwelder

Mailing Address 1105 County Road 231

City

Rotan

State

TX

Zip Code

79546-6303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01178

Amount of Each Receipt this Period

330.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald B. Wiser

Mailing Address 6100 Stadium Drive

City

Kalamazoo

State

MI

Zip Code

49009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Financial Planner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01179

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Randy Grote

Mailing Address 116 Elizabeth Drive

City

Aberdeen

State

SD

Zip Code

57401-7441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grote Roofing Company

Occupation
Owner/ Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01180

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

605.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 399 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Joe F. Anderson

Mailing Address 900 Hillview Drive

City

Dixon

State

CA

Zip Code

95620-3727

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01181

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald L. Lewis

Mailing Address 1500 Corporate Drive
Suite 100

City

Canonsburg

State

PA

Zip Code

15317-8580

FEC ID number of contributing
federal political committee.

C

Name of Employer
John T. Boyd Company

Occupation
International Consultant Mining

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01182

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. Patrick D. Michels

Mailing Address 750 Meadow Ridge Lane
P.O. Box 190

City

Brownsville

State

WI

Zip Code

53006-0190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01183

Amount of Each Receipt this Period

440.00

SUBTOTAL of Receipts This Page (optional)

935.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 400 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Nathan Lee Head

Mailing Address 3412 W. 15Th Street

City

Panama City

State

FL

Zip Code

32401-1335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01184

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Mr. Al Lofaso, III

Mailing Address 305 Roe Avenue

City

Patchogue

State

NY

Zip Code

11772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Al Lofaso Realty Llc

Occupation
Real Estate Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01185

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alex Woskob

Mailing Address 337 Mizner Lake Estates Drive

City

Boca Raton

State

FL

Zip Code

33432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01186

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

660.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 401 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Sam Mc Neil

Mailing Address Highway 232 E. Box 4782

City

England

State

AR

Zip Code

72046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	0	9

Transaction ID: 2009M02L11AI01187

Amount of Each Receipt this Period

115.00

B.

Full Name (Last, First, Middle Initial)

Mr. John S. Somerville, Jr.

Mailing Address 174 Buttonwood Drive

City

Fair Haven

State

NJ

Zip Code

07704-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	0	9

Transaction ID: 2009M02L11AI01188

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Elaine Marie Petouhoff

Mailing Address 18528 Renwick Street

City

Livonia

State

MI

Zip Code

48152-2874

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	0	9

Transaction ID: 2009M02L11AI01189

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Sumner Pingree, Jr.

Mailing Address 28 Eagle Island Place

City

Sheldon

State

SC

Zip Code

29941-3016

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01190

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Rimmel T. Dickinson

Mailing Address 1 Treetops Lane
Apartment 802

City

Little Rock

State

AR

Zip Code

72202-1527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Private Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01191

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard M. Fairbanks, III

Mailing Address 1250 24Th Street N.W.
Suite 300

City

Washington

State

DC

Zip Code

20037-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Layalina Productions

Occupation
Chairman Of The Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01192

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Mark & Kathryn Laesch

Mailing Address 11073 Ptarmigan Court

City

Noblesville

State

IN

Zip Code

46060-7175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Small Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01193

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joe Bill Pickrell

Mailing Address 7833 N. 16Th Lane

City

Phoenix

State

AZ

Zip Code

85021-7005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Business Printing

Occupation

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01194

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert & Susan Atkinson

Mailing Address 2484 Shadow Lake Court N.E.

City

Grand Rapids

State

MI

Zip Code

49505-3905

FEC ID number of contributing
federal political committee.

C

Name of Employer
City Of Grand Rapids

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01195

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David M. Burckel

Mailing Address 67 Dover Trace

City

Hattiesburg

State

MS

Zip Code

39401-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Development Resources

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01196

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Captain Robert G. Nicol

Mailing Address 4904 Sunflower Drive

City

Rockville

State

MD

Zip Code

20853-1646

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01197

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Jill D. Dean

Mailing Address 5707 Oakwood Road

City

Shawnee Mission

State

KS

Zip Code

66208-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01198

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 405 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Roy B. Oddy

Mailing Address 5110 Radbrook Place

City

Dallas

State

TX

Zip Code

75220-3946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maclean Oddy & Associates

Occupation

Insurance Wholesaler

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01199

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Philip H. Porter

Mailing Address 13206 W. 116Th Street

City

Overland Park

State

KS

Zip Code

66210-3526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buckley Power Company

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01200

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Mr. Andrew Hython

Mailing Address 542 Elm Street

City

Canonsburg

State

PA

Zip Code

15317-1429

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01201

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

735.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 406 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Lowell Murray

Mailing Address 8115 North Thorne Ln Sw

City

Lakewood

State

WA

Zip Code

98498-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Murray Pacific Corporation

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01202

Amount of Each Receipt this Period

550.00

B.

Full Name (Last, First, Middle Initial)

Ms. Lou Ann Lewis

Mailing Address 275 Heather Road

City

King Of Prussia

State

PA

Zip Code

19406-1810

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01203

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Mr. Philip Dickey

Mailing Address 29344 246Th Avenue

City

Princeton

State

IA

Zip Code

52768-9755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hancock Management, L.L.C.

Occupation
Logistics Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01204

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1215.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 407 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard R. Blessing, Jr.

Mailing Address 142 Pine Ridge Drive

City

Whispering Pines

State

NC

Zip Code

28327-9484

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	0	9

Transaction ID: 2009M02L11AI01205

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael K. Musgrave

Mailing Address 10901 Seeman Road

City

Huntley

State

IL

Zip Code

60142-9584

FEC ID number of contributing
federal political committee.

C

Name of Employer
W.P.M.Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	0	9

Transaction ID: 2009M02L11AI01206

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mr. Eric Engleman

Mailing Address 13819 Fidler Avenue

City

Bellflower

State

CA

Zip Code

90706-2233

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	0	9

Transaction ID: 2009M02L11AI01207

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 408 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard H. Garzoli, Jr.

Mailing Address P.O. Box 32

City

Novato

State

CA

Zip Code

94948-0032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01208

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. David F. Buchanan

Mailing Address 31886 Saddletree Drive

City

Westlake Village

State

CA

Zip Code

91361-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tacticom Usa

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01209

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. James S. Atkins, Jr.

Mailing Address 312 Acadia Lane

City

Kissimmee

State

FL

Zip Code

34747-5001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Ear & Balance

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01210

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

970.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 409 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jorge L. Barros, M. D.

Mailing Address 601 N. Flamingo Road
Suite 180

City State Zip Code
Pembroke Pines FL 33028-1007

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01211

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Raoul C. Mancini

Mailing Address 30 Fords Crossing

City State Zip Code
Honeoye Falls NY 14472-9734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Current Group Llc

Occupation
Business - Energy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01212

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas E. Dill

Mailing Address 101 W. Viejo Drive

City State Zip Code
Friendswood TX 77546-5820

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01213

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 410 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James B. Graves

Mailing Address 822 River Road

City

Montgomery

State

TX

Zip Code

77356-5553

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 ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01214

Amount of Each Receipt this Period

305.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Rita Dee Hassenfeld

Mailing Address 184 Bradley Place
Apartment 203

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01215

Amount of Each Receipt this Period

815.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ronald & Stephanie Ward

Mailing Address P.O. Box 306

City

Balsam Lake

State

WI

Zip Code

54810-0306

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01216

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1620.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 411 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. William J. Becker

Mailing Address 7714 Signal Hill Road

City

Manassas

State

VA

Zip Code

20111-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	0	9

Transaction ID: 2009M02L11AI01217

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Munoz

Mailing Address 432 Eagleton Cove Way

City

Palm Beach Gardens

State

FL

Zip Code

33418-8489

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	0	9

Transaction ID: 2009M02L11AI01218

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Edward H. Hamm

Mailing Address 10 Isle Rdg

City

Hobe Sound

State

FL

Zip Code

33455-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	0	9

Transaction ID: 2009M02L11AI01219

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 412 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Gordon M. Genge

Mailing Address 204 Harbor Drive

City

Bigfork

State

MT

Zip Code

59911-6264

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01220

Amount of Each Receipt this Period

270.00

B.

Full Name (Last, First, Middle Initial)

Mr. David Doyle

Mailing Address 1243 Eagles Flight Way

City

North Port

State

FL

Zip Code

34287-4407

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01221

Amount of Each Receipt this Period

360.00

C.

Full Name (Last, First, Middle Initial)

Mr. Henry H. Mauz, Jr.

Mailing Address 1608 Viscaino Road

City

Pebble Beach

State

CA

Zip Code

93953-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01222

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

830.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Alva L. Sheraden

Mailing Address P.O. Box 896

City

Packwood

State

IA

Zip Code

52580-0896

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01223

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel G. Elcan

Mailing Address 3601 Spring Hill Business Park
Suite 201

City

Mobile

State

AL

Zip Code

36608-1263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elcan & Associates Inc.

Occupation
Real Estate Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01224

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Harold Gilmore

Mailing Address 3665 S. County Road 300 E.

City

Liberty

State

IN

Zip Code

47353-9332

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01225

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 414 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William Watkins

Mailing Address 444 Dune Circle

City

Kailua

State

HI

Zip Code

96734-2141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinical Laboratories of
Hawaii, LLP

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01226

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Mr. James B. Temple

Mailing Address 2851 Crooked Wash Drive

City

Loveland

State

CO

Zip Code

80538-3762

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01227

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stanley J. Martinkus

Mailing Address 208 Observation Drive

City

Yakima

State

WA

Zip Code

98901-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTERN MATERIALS INC.

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01228

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Dennis Groth

Mailing Address P.O. Box 390
 770 Oakville Cross Road

City State Zip Code
 Oakville CA 94562-0390

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Groth Vineyards

Occupation
 Wine Grower

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01229

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charles Kepler

Mailing Address 1213 Sunshine Avenue

City State Zip Code
 Cody WY 82414-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01230

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. David F. Felsburg

Mailing Address 2902 Hampton Place Court

City State Zip Code
 Plant City FL 33566

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Paloma Systems, Inc.

Occupation
 Executive Engineer / Small Business Ow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01231

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William H. Reno

Mailing Address 2706 S. Ives Street

City

Arlington

State

VA

Zip Code

22202-2372

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01232

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Luther E. Birdzell

Mailing Address 1170 Sacramento Street
Apartment 7A

City

San Francisco

State

CA

Zip Code

94108-1966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deloitte and Touche Llp

Occupation
Certified Public Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01233

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Margaret Tribble

Mailing Address 754 S. Emerson Street

City

Denver

State

CO

Zip Code

80209-4341

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 ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01234

Amount of Each Receipt this Period

910.00

SUBTOTAL of Receipts This Page (optional)

1660.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 417 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. David G. Harmer

Mailing Address 4337 Bobwhite Court

City

Ogden

State

UT

Zip Code

84403-3262

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	9	

Transaction ID: 2009M02L11AI01235

Amount of Each Receipt this Period

335.00

B.

Full Name (Last, First, Middle Initial)

Mr. Carl E. Lee

Mailing Address 1902 Chevy Chase Blvd.

City

Kalamazoo

State

MI

Zip Code

49008-2255

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	9	

Transaction ID: 2009M02L11AI01236

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Elliott

Mailing Address 5028 S.W. 5Th Place

City

Cape Coral

State

FL

Zip Code

33914-6502

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	9	

Transaction ID: 2009M02L11AI01237

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

795.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 418 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. David C. Thurgood

Mailing Address 495 E. 400 N.

City

Lindon

State

UT

Zip Code

84042-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer
J-U-B Engineers, Inc.

Occupation

Civil Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01238

Amount of Each Receipt this Period

240.00

B.

Full Name (Last, First, Middle Initial)

Mr. Eldon Ford

Mailing Address 19 La Lita Lane

City

Santa Barbara

State

CA

Zip Code

93105-1916

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 ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01239

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Philip Honig

Mailing Address 107 Sheath Drive

City

Columbia

State

SC

Zip Code

29212-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Carolina Internal
Medicine Assoc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01240

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

740.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Henry T. Chandler

Mailing Address 890 N. Green Bay Road

City

Lake Forest

State

IL

Zip Code

60045-1707

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 ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01241

Amount of Each Receipt this Period

510.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Betty Wilson Lane

Mailing Address 2795 E. Bidwell Street
#100-408

City

Folsom

State

CA

Zip Code

95630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Ranching & Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01242

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. S. Craig Steagall

Mailing Address 6606 Cape Cove Circle

City

Crystal Lake

State

IL

Zip Code

60012-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01243

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1260.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 420 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard Mc Neel

Mailing Address 32415 Archdale

City

Chapel Hill

State

NC

Zip Code

27517-8398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lord Corporation

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01244

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mara Colin

Mailing Address 20215 County Road 94A

City

Woodland

State

CA

Zip Code

95695-9363

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01245

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Mr. John C. Armacost

Mailing Address 5 Runnymede Drive

City

North Hampton

State

NH

Zip Code

03862-2328

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01246

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 421 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Mr. Donald C. Peterson

Mailing Address 333 Logan Street
 Suite 210

City State Zip Code
 Denver CO 80203-4089

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01247

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Mort Mc Whorter

Mailing Address 656 Highway 94

City State Zip Code
 Aledo IL 61231-8603

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Illinois Department of Transportation

Occupation
 Highway Maintenance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01248

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)
 Ms. Theresa J. Pelaia

Mailing Address 2309 Kennwynn Road Wynnwood

City State Zip Code
 Wilmington DE 19810

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Requested

Occupation
 Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01249

Amount of Each Receipt this Period

190.00

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 422 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Jacqueline Dean

Mailing Address 201 Dean Court

City

Houma

State

LA

Zip Code

70363-6980

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01250

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lynn Blackwell Dean

Mailing Address 201 Dean Court

City

Houma

State

LA

Zip Code

70363-6980

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elevating Boats, Inc.Occupation
President/Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01251

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Mr. James C. Wright, U.S.N. (Re

Mailing Address 7177 Gaston Avenue
#2102

City

Dallas

State

TX

Zip Code

75214-7063

FEC ID number of contributing
federal political committee.

C

Name of Employer
K.B.R.Occupation
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01252

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

5250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 423 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Roy W. Knipper, Jr.

Mailing Address 441-19 White Tail Drive

City

Aurora

State

OH

Zip Code

44202-7514

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01253

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Betty Jean Piper

Mailing Address 5260 Navajo Drive

City

Forsyth

State

IL

Zip Code

62535-9729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01254

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Wharrie

Mailing Address 5503 38Th Avenue N.

City

Saint Petersburg

State

FL

Zip Code

33710-2032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01255

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Irene Redstone

Mailing Address 2200 Indian Creek Boulevard W.

City

Vero Beach

State

FL

Zip Code

32966-1331

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01256

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. James K. Lowder

Mailing Address 3236 Bankhead Avenue

City

Montgomery

State

AL

Zip Code

36106-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonial Company

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01257

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jimmy Crabtree

Mailing Address 970 South Industrial Parkway

City

Yazoo City

State

MS

Zip Code

39194-9489

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01258

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Ed D. Lehman

Mailing Address 23026 Live Alder Avenue

City

Chugiak

State

AK

Zip Code

99567-5433

FEC ID number of contributing
federal political committee.

C

Name of Employer
U. S. Army

Occupation

U. S. Army Civil Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01259

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. R. O. Robertson, Jr.

Mailing Address 265 High Drive

City

Huntington

State

WV

Zip Code

25705-3527

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01260

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. George R. Hokenstad

Mailing Address 29520 Oceanport Road

City

Rancho Palos Verde

State

CA

Zip Code

90275-5702

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01261

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

915.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Curtis

Mailing Address 2752 Newcastle Drive

City

Grapevine

State

TX

Zip Code

76051-4732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01262

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard P. Jahnke

Mailing Address 1002 Hawthorn Drive

City

Waukesha

State

WI

Zip Code

53188-2958

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01263

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Kent Mergler

Mailing Address 6306 S.E. Oakmont Place

City

Stuart

State

FL

Zip Code

34997-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01264

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Walter L. Groves

Mailing Address 4700 W. 13Th Street N.
Apartment 5-6

City State Zip Code
Wichita KS 67212-1879

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01265

Amount of Each Receipt this Period

115.00

B.

Full Name (Last, First, Middle Initial)

Miss Marjorie Kroeger

Mailing Address 5211 N. Meridian Street

City State Zip Code
Indianapolis IN 46208-2651

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01266

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard B. Sheinfeld

Mailing Address 10920 Winnetka Avenue

City State Zip Code
Chatsworth CA 91311-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Real Estate Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01267

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

585.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 428 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Mary Ann Miller

Mailing Address 1200 Meadowbrook Road
 Apartment 36

City State Zip Code
Jackson MS 39206-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01268

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark Loos

Mailing Address 361 Saint Andrews Lane

City State Zip Code
Half Moon Bay CA 94019-2226

FEC ID number of contributing
federal political committee.

C

Name of Employer
C.U.S.D.

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01269

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Miss Sylvia Aimerito

Mailing Address 3460 N. Bellflower Boulevard

City State Zip Code
Long Beach CA 90808-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Broadcaster

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01270

Amount of Each Receipt this Period

245.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 429 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Zulma Cintron

Mailing Address 8000 Red Bug Lake Road
Suite 210

City State Zip Code
Oviedo FL 32765-9265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01271

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Marian D. Swanson

Mailing Address 206 Lincoln Avenue

City State Zip Code
Barrington RI 02806-2941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 2009M02L11AI01272

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert & Edith Mohalley

Mailing Address 635 Valley Hall Drive

City State Zip Code
Atlanta GA 30350-4633

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01273

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 430 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Rick A. Durante

Mailing Address 316 Thoroughbred Lane

City

Cheyenne

State

WY

Zip Code

82009-2049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired Ups Mgmt

Occupation

Personal Property Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01274

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms. Susan C. Dion

Mailing Address 75800 Topaz Lane

City

Indian Wells

State

CA

Zip Code

92210-8666

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01276

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Rose Patek

Mailing Address 1461 Peacock Street

City

Sequin

State

TX

Zip Code

78155-4021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.33

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01277

Amount of Each Receipt this Period

333.33

SUBTOTAL of Receipts This Page (optional)

933.33

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 431 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Stacey Zammit

Mailing Address 1792 Clovermeadow Dr

City

Vienna

State

VA

Zip Code

22182-1877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Extended Management

Occupation

Family Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01278

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ms. Karon Hauch

Mailing Address 4200 Cameron Oaks Dr.

City

Charlotte

State

NC

Zip Code

28211-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Cancer Con.

Occupation

R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01279

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms. GERALYN E. PATERSON

Mailing Address 127 Walter Drive

City

Media

State

PA

Zip Code

19063-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crozer Keystone Health Ne-
twork

Occupation

Administrative Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01280

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Charles Schappert

Mailing Address 1224 Forest Pkwy

City

Paulsboro

State

NJ

Zip Code

08066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hps Inc

Occupation
Ceo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01281

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jill Yates

Mailing Address 424 State Highway 37

City

Nogal

State

NM

Zip Code

88341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
Home Maker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01282

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. John F Durbin

Mailing Address 1016 South Wayne Street
Apt 112

City

Arlington

State

VA

Zip Code

22204

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01283

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Julia Campanelli

Mailing Address 758 Planters Row Sw

City

Lilburn

State

GA

Zip Code

30047-4143

FEC ID number of contributing
federal political committee.

C

Name of Employer
I. R. S. Dept. Of Treasury

Occupation

Assoc. Director Cybersecurity I. R. S.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01284

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. David R. Heinze

Mailing Address 41W904 Hughes Rd

City

Elburn

State

IL

Zip Code

60119-9606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fox Valley Equine Practice

Occupation

Owner/Veterinarian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01285

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Nina S Trent

Mailing Address 122 E Creek Rd

City

Greenwood

State

SC

Zip Code

29646-8513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01286

Amount of Each Receipt this Period

315.00

SUBTOTAL of Receipts This Page (optional)

835.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Barrett

Mailing Address 24 Twillingate Road

City

Temple

State

NH

Zip Code

03084-4624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aerosat

Occupation
Ceo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01287

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Bob Bolt

Mailing Address P.O. Box 13208

City

Tucson

State

AZ

Zip Code

85732-3208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01288

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Eaton

Mailing Address 9675 Mashie Court

City

Naples

State

FL

Zip Code

34108

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 ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01289

Amount of Each Receipt this Period

15000.00

SUBTOTAL of Receipts This Page (optional)

15800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Theodore W. Batterman

Mailing Address 1830 Eastwood Avenue

City

Janesville

State

WI

Zip Code

53545-2608

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01290

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dean Pridgeon

Mailing Address 756 Phillip Road

City

Montgomery

State

MI

Zip Code

49255-9602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01291

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Theodore J. Kohnen

Mailing Address 121 Fifty Acre Road South

City

Smithtown

State

NY

Zip Code

11787-2034

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life

Occupation
Corporate Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01292

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Clyde E. Rankin, III

Mailing Address 10 W. 66Th Street
 Apartment 18F

City State Zip Code
 New York NY 10023-6210

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Condert Brothers

Occupation
 Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01293

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gerald A. Trolz

Mailing Address 3714 Bent Oak Trail

City State Zip Code
 Elkhart IN 46517-3871

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Boston Stamping

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01294

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lawrence Garcia

Mailing Address 28 Alton Place
 #28D

City State Zip Code
 Brookline MA 02446

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Harvard Medical Faculty
 Physicians

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01295

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1775.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 437 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen M. Feigenbaum

Mailing Address 2216 Azalea Drive

City

Lexington

State

KY

Zip Code

40504-3202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cross-Sell, Inc.

Occupation

Computer Professional

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01296

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ty Richardson

Mailing Address 13200 Longwood Lane

City

Goshen

State

KY

Zip Code

40026-8404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisville Orthopedic Clinic

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01297

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. Walter B. Neidert

Mailing Address 11900 Barryknoll Lane
#5320

City

Houston

State

TX

Zip Code

77024-4368

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01298

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

830.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 438 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Ulyesse J. Legrange

Mailing Address 101 Westcott Street
Unit 1602

City	State	Zip Code
Houston	TX	77007-7098

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01299

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Ms. Ann H. Marcus

Mailing Address 117 N. Monarch Street #1

City	State	Zip Code
Aspen	CO	81611-1448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Re Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01300

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. John P. Motta

Mailing Address 32 Preserve Drive

City	State	Zip Code
Nashua	NH	03064-8107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01301

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Tobin

Mailing Address 4034 S. 117Th Street

City

Greenfield

State

WI

Zip Code

53228-1808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Small Business Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01302

Amount of Each Receipt this Period

245.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Dulce M. Michell

Mailing Address 5225 SW 122nd Avenue

City

Miami

State

FL

Zip Code

33175-5500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dubet Health Services Cor-
poration

Occupation

Registered Nurse

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01303

Amount of Each Receipt this Period

1100.00

C.

Full Name (Last, First, Middle Initial)

Ms. GERALYN E. Paterson

Mailing Address 127 Walter Drive

City

Media

State

PA

Zip Code

19063-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crozer Keystone Health Ne-
twork

Occupation

Administrative Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01304

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

1620.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Sim N. Aguilar

Mailing Address 560 Woodlake Road

City

Virginia Beach

State

VA

Zip Code

23452-1124

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01305

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms. Doris A. Smith

Mailing Address 102 Lexington Drive

City

Ithaca

State

NY

Zip Code

14850-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cornell University

Occupation
Reference Assistance Librarian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01306

Amount of Each Receipt this Period

235.00

C.

Full Name (Last, First, Middle Initial)

Mr. Grover Eugene Baker

Mailing Address 645 V. O. A. Site C. Road

City

Greenville

State

NC

Zip Code

27834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unemployed

Occupation
Unemployed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01307

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

555.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Glenda Vogler

Mailing Address 5131 Brandiles Lane

City

Winston Salem

State

NC

Zip Code

27104-5057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01308

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Sherman Telleen

Mailing Address 1560 Old Mill Road

City

San Marino

State

CA

Zip Code

91108-1837

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01309

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Gary Hollenbeck

Mailing Address 3401 Sylvan Lane

City

Ellicott City

State

MD

Zip Code

21043-4421

FEC ID number of contributing
federal political committee.

C

Name of Employer
W.P.M. Pharmaceuticals

Occupation

Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01310

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Charles L. Ball

Mailing Address 6825 Valjean Avenue

City

Van Nuys

State

CA

Zip Code

91406-4713

FEC ID number of contributing
federal political committee.

C

Name of Employer
C. & L. Graphics, Inc.

Occupation
Graphic Arts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01311

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Jacqueline Dagenais

Mailing Address 1255 Dochside Circle

City

Baltimore

State

MD

Zip Code

21224-9688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01312

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald Leigh Oliver

Mailing Address 584 N. Belknap Street

City

Stephenville

State

TX

Zip Code

76401-3418

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01313

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1070.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Mary B. Tarpey

Mailing Address P.O. Box 285

City

Warnerville

State

NY

Zip Code

12187-0285

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01314

Amount of Each Receipt this Period

180.00

B.

Full Name (Last, First, Middle Initial)

Mr. C. C. Williams

Mailing Address 2115 Grand Ridge Court

City

Manhattan

State

KS

Zip Code

66503-8695

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01315

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kris E. Poulsen

Mailing Address 1242 State Avenue
Suite I.

City

Marysville

State

WA

Zip Code

98270-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Commerical Fishing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01316

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1480.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 444 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Annabelle F. Zylstra

Mailing Address 5303 154Th Avenue S.E.

City

Bellevue

State

WA

Zip Code

98006-5151

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01317

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Gertrude Arnold

Mailing Address 1727 W. Hoppe Road

City

Unionville

State

MI

Zip Code

48767-9615

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01318

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lance A. Dell

Mailing Address 200 El Camino Verde

City

Corrales

State

NM

Zip Code

87048-7524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Zia Diagnostic Imaging

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01319

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. William A. Vandeker

Mailing Address 1051 Montgomery Avenue

City

Narberth

State

PA

Zip Code

19072-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drexel University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01320

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Anna F. Estabrook

Mailing Address P.O. Box 7606

City

Kingsport

State

TN

Zip Code

37664-7606

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01321

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey N. Johnson

Mailing Address 12 Kelly Ann Drive

City

Lancaster

State

NY

Zip Code

14086-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ingram Micro

Occupation
VP Logistics and Transportation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01322

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Preston Hood

Mailing Address 212 Hollywood Blvd S.W.

City

Fort Walton Beach

State

FL

Zip Code

32548-4726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Automobile Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Transaction ID: 2009M02L11AI01323

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Orest Gorchynski

Mailing Address 9841 Donna Avenue

City

Northridge

State

CA

Zip Code

91324-1826

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 ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Transaction ID: 2009M02L11AI01324

Amount of Each Receipt this Period

270.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Elisabeth P. Thompson

Mailing Address 2525 Jamestown Lane

City

Montgomery

State

AL

Zip Code

36111-1207

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 ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Transaction ID: 2009M02L11AI01325

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1070.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 447 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Mary J. Malevich

Mailing Address 9812 Cupola Lane

City

Eden Prairie

State

MN

Zip Code

55347-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01326

Amount of Each Receipt this Period

740.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Perricone

Mailing Address 18 Old Course Drive

City

Newport Beach

State

CA

Zip Code

92660-4276

FEC ID number of contributing
federal political committee.

C

Name of Employer
Perricone Investments

Occupation

C.F.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01327

Amount of Each Receipt this Period

1240.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard M. Starke

Mailing Address 600 Conde Avenue

City

Coral Gables

State

FL

Zip Code

33156-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Banyan Capital Advisors,
L.L.C.

Occupation

Finance / Private Equity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01328

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2480.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 448 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. William & Patricia Graham

Mailing Address P.O. Box 524

City

Franklin

State

NC

Zip Code

28744-0524

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01329

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Irvin T. Gregory

Mailing Address 16611 Fern Rock Falls Court

City

Spring

State

TX

Zip Code

77379-5172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Health Group,
L.L.C.

Occupation
Healthcare Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01330

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. John P. Motta

Mailing Address 32 Preserve Drive

City

Nashua

State

NH

Zip Code

03064-8107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01331

Amount of Each Receipt this Period

180.00

SUBTOTAL of Receipts This Page (optional)

580.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 449 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Janet Buchanan Birkhead

Mailing Address 245 Atlantic Ave.
Apartment 248

City State Zip Code
Long Branch NJ 07740-7263

FEC ID number of contributing
federal political committee.

C

Name of Employer
City of Long Branch/Long
Branch Free Pu

Occupation
Librarian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01332

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Mr. Clint Dimon

Mailing Address 4525 North Via De La Granja

City State Zip Code
Tucson AZ 85718

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01333

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Craig B. Cowles

Mailing Address 120 Lombardy Road

City State Zip Code
Memphis TN 38111-2640

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01334

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)

930.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 450 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Ada A. Strassenburgh

Mailing Address P.O. Box 608

City

Ocean View

State

NJ

Zip Code

08230-0281

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01335

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stanley E. Brown

Mailing Address 250 S. Main Street
P.O. Box 268

City

Loganville

State

PA

Zip Code

17342-0268

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown's Orchards & Farm
MarketOccupation
Fruit Grower

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01336

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. Geoffrey L. Davis

Mailing Address P. O. Box 25216
S.J.O. 2499

City

Miami

State

FL

Zip Code

33102-5216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Secure, S.A.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01337

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

820.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 451 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Gary J. Lamon

Mailing Address 410 E. Main Street

City

Le Roy

State

MN

Zip Code

55951

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01338

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ralph V. Casteel

Mailing Address 62511 Locust Road

City

South Bend

State

IN

Zip Code

46614-9200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Casteel Construction Corp-
oration

Occupation
C. E. O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01339

Amount of Each Receipt this Period

800.00

C.

Full Name (Last, First, Middle Initial)

Ms. Betty J.C. Hatley

Mailing Address 10917 Olivewood Drive

City

Houston

State

TX

Zip Code

77089-5358

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01340

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 452 / 1540
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Sherie L. Clarkson

Mailing Address 362 J.L. Brazzil Loop

City

Waco

State

TX

Zip Code

76705-5309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nationwide Insurance / Mi-
ller Insurance

Occupation

File Analyst / Compliance Person

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01341

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

George A. & Iris Ward

Mailing Address 2682 Washington Highway

City

Elberton

State

GA

Zip Code

30635-5516

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01342

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Asper

Mailing Address 2312 Welton Place

City

Atlanta

State

GA

Zip Code

30338-5345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lockheed Martin

Occupation

Financial Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01343

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 453 / 1540
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Charles Burgin

Mailing Address 2727 Lynda Lane

City

Columbus

State

GA

Zip Code

31906-1248

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01344

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charles L. Allen

Mailing Address 919 2Nd Street
P.O. Box 248

City

Lacon

State

IL

Zip Code

61540-0248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Retail

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01345

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Terry R. Nelson

Mailing Address 326 N. Second Street

City

Chillicothe

State

IL

Zip Code

61523-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01346

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 454 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. James Meyer

Mailing Address 4202 W. Gazebo Hill Blvd.

City

Mequon

State

WI

Zip Code

53092-5182

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Private Bank

Occupation

Commerical Banking Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01347

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Barbara Jean Layten

Mailing Address 406 W. Main Street

City

Downs

State

IL

Zip Code

61736-9490

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01348

Amount of Each Receipt this Period

65.00

C.

Full Name (Last, First, Middle Initial)

Dr. Taehee Yi

Mailing Address 10924 Crossview Drive

City

Great Falls

State

VA

Zip Code

22066-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01349

Amount of Each Receipt this Period

270.00

SUBTOTAL of Receipts This Page (optional)

635.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 455 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Francis R. Welles

Mailing Address 106 Wee Loch Drive

City

Cary

State

NC

Zip Code

27511-3885

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01350

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gale H. Lyle

Mailing Address 518 Tanasi Circle

City

Loudon

State

TN

Zip Code

37774-3126

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01351

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. Norman F. Diederich

Mailing Address 5884 Dorothy Drive

City

North Olmsted

State

OH

Zip Code

44070-4271

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01352

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 456 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. Arturo Carrillo

Mailing Address 7233 Versailles Drive

City

Amarillo

State

TX

Zip Code

79121-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01353

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. A. D. Fields

Mailing Address 318 Meadowcrest Drive

City

Richardson

State

TX

Zip Code

75080-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
L.F.C.P.C.Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01354

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Walter Falkowski

Mailing Address 1355 Estate Lane E.

City

Lake Forest

State

IL

Zip Code

60045-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Private Investor/Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01355

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)

1505.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 457 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Patricia A. Falkowski

Mailing Address 1355 W. Estate Lane E.

City

Lake Forest

State

IL

Zip Code

60045-3623

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01356

Amount of Each Receipt this Period

255.00

B.

Full Name (Last, First, Middle Initial)

Mr. George R. Jones

Mailing Address P.O. Box 780600

City

Wichita

State

KS

Zip Code

67278-0600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Oil & Gas Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01357

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. George J. Farha

Mailing Address 1313 N. Webb Road

City

Wichita

State

KS

Zip Code

67206-4080

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01358

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 458 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Mr. & Mrs. Nicholas Schwailik

Mailing Address 161 Park Street
 Apartment 20

City State Zip Code
 Ridgefield Park NJ 07660-1777

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01359

Amount of Each Receipt this Period

240.00

B.

Full Name (Last, First, Middle Initial)
 Dr. Hugo G. Falcon

Mailing Address 381 Afton Grove Road

City State Zip Code
 Kenbridge VA 23944-2426

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Piedmont Geriatric Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01360

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
 Mrs. Dorothy A. Eichelman

Mailing Address 6760 Slacks Road

City State Zip Code
 Eldersburg MD 21784-6207

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01361

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

740.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dawne & Jim Ward

Mailing Address 9342 E. Sands Drive

City

Scottsdale

State

AZ

Zip Code

85255-2725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01362

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Mr. Clinton F. Ims, Jr.

Mailing Address 35 Lexington Avenue

City

Buffalo

State

NY

Zip Code

14222-1807

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01363

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Doris M. Boucher

Mailing Address 220 Saint Mary's Drive
Room 324

City

Cherry Hill

State

NJ

Zip Code

08003-1727

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01364

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 460 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Lyle Lockwood

Mailing Address 2516 Cross Country Road

City

Dayton

State

OH

Zip Code

45431-8719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Universal Technology

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01365

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. J. T. Daugherty

Mailing Address P.O. Box 649

City

Newtown

State

PA

Zip Code

18940-0649

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 ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01366

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Joseph P. Maco

Mailing Address 22 Randi Drive

City

Madison

State

CT

Zip Code

06443-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ship Pilot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01367

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 461 / 1540

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen Y. Jones

Mailing Address 6016 Wolverhampton Drive

City

Raleigh

State

NC

Zip Code

27603-9295

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eckerd Drug

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01368

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Little

Mailing Address 1943 Harris Road

City

Charlotte

State

NC

Zip Code

28211-2149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edward Church & Muse, Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01369

Amount of Each Receipt this Period

285.00

C.

Full Name (Last, First, Middle Initial)

Mr. William E. Greenwood

Mailing Address 40 Wyck Hill Lane

City

Westlake

State

TX

Zip Code

76262-8554

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01370

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

835.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. George E. Jenson

Mailing Address 1895 Mayberry Drive

City State Zip Code
Reno NV 89509-2358

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 ▼

500.00

Date of Receipt

01 / 15 / 2009

Transaction ID: 2009M02L11AI01371

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. William Kirkpatrick

Mailing Address 4601 S. Old Bastrop Highway

City State Zip Code
San Marcos TX 78666-5982

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Of Texas

Occupation
Researcher Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 15 / 2009

Transaction ID: 2009M02L11AI01372

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Imad Herfy

Mailing Address 14426 Cherry Lake Drive E.

City State Zip Code
Jacksonville FL 32258-5178

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

01 / 15 / 2009

Transaction ID: 2009M02L11AI01373

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Guillermina Soto

Mailing Address 6121 N Cynthia Ct

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sapphire Custom Mfg

Occupation

Owner Of Sapphire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01374

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Arete B. S. Warren

Mailing Address 520 E. 86Th Street

City

New York

State

NY

Zip Code

10028-7534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Famer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01375

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Brewster C. Breeden

Mailing Address 2 Hickory Court
Apartment D.

City

Brielle

State

NJ

Zip Code

08730-1380

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01376

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 464 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Bergen, Jr.

Mailing Address 46 Bayon Drive

City

South Hadley

State

MA

Zip Code

01075-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01377

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Katherine S. Leveque

Mailing Address 6525 Africa Road

City

Galena

State

OH

Zip Code

43021-9581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01378

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jose E. Tamayo

Mailing Address 7 Sanford Drive

City

Shelton

State

CT

Zip Code

06484-5507

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 2009M02L11AI01379

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 465 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Roy E. Fite

Mailing Address 2801 Walnut Bend Lane
 Apartment 77

City State Zip Code
 Houston TX 77042-3464

FEC ID number of contributing
federal political committee.

C

Name of Employer
Internal Revenue Service

Occupation
Auditor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01380

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Ms. GERALYN E. PATERSON

Mailing Address 127 Walter Drive

City State Zip Code
 Media PA 19063-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crozer Keystone Health Ne-
twork

Occupation
Administrative Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01381

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mr. George Tibbitts

Mailing Address P. O. Box 340

City State Zip Code
 Arbuckle CA 95912-0340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01382

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 466 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Gene W. Hewett

Mailing Address 3709 Euclid Avenue

City

Dallas

State

TX

Zip Code

75205-3161

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01383

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Karl G. Glassman

Mailing Address 9732 Early Lane

City

Carthage

State

MO

Zip Code

64836-3376

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leggett & Platt, Inc.

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01384

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark Koprowski

Mailing Address 842 S. Arthur Avenue

City

Arlington Heights

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Renew P.C., Inc.

Occupation
Technology Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L11AI01385

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Rick A. Durante

Mailing Address 316 Thoroughbred Lane

City State Zip Code
Cheyenne WY 82009-2049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired Ups Mgmt

Occupation
Personal Property Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01386

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Ms. Gloria Ann Marlowe

Mailing Address 127 Robbins Drive

City State Zip Code
Mc Donough GA 30252-4498

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glen Haven Baptist Church

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01387

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robin A. Waneka

Mailing Address 2954 Golden Eagle Cir.

City State Zip Code
Lafayette CO 80026-9058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rjr Enterprises, Inc.

Occupation
Self- Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01388

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Alan T. Woolery

Mailing Address 130 Brook Knoll Drive

City

Santa Cruz

State

CA

Zip Code

95060-1337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pricewaterhousecoopers Llp

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 16 / 2009

Transaction ID: 2009M02L11AI01389

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jerry D. Poole

Mailing Address 74 Percheron Drive

City

Spring City

State

PA

Zip Code

19475-2616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medrisk, Inc

Occupation
Business Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

01 / 16 / 2009

Transaction ID: 2009M02L11AI01390

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Will & Carolyn T. Price

Mailing Address 2634 Lowell Circle

City

Melbourne

State

FL

Zip Code

32935-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired Federal Government

Occupation
Engineer Noaa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

01 / 16 / 2009

Transaction ID: 2009M02L11AI01391

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Stephen C Nanny

Mailing Address P.O. Box 616

City

Henderson

State

TX

Zip Code

75653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ret.

Occupation
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01392

Amount of Each Receipt this Period

575.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Tina Chapman

Mailing Address 608 Autumnwood Ln.

City

Coppell

State

TX

Zip Code

75019-2471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01393

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Mr. David O Berryman

Mailing Address 3710 6th Avenue

City

Tacoma

State

WA

Zip Code

98406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goldmasters Precious Meta-
Is

Occupation
Precious Metals Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01394

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

2275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Chadi Murr

Mailing Address 170 Bertel Drive

City

Covington

State

LA

Zip Code

70433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Murr Engineering

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01395

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Carl Garrin

Mailing Address 4284 Madera Road

City

Irving

State

TX

Zip Code

75038-5566

FEC ID number of contributing
federal political committee.

C

Name of Employer
Garrin Electric, Inc

Occupation
Electrical Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01396

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Carmen Church

Mailing Address 4610 Glasgow Drive

City

Missouri City

State

TX

Zip Code

77459-2710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Internal Audit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01397

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 471 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Joseph Gentry

Mailing Address 405 Montclair Drive

City

Mount Airy

State

NC

Zip Code

27030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Haynes Strand and Company
PLlc

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01398

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Debbie Miller

Mailing Address 439 E 55th Street

City

Kansas City

State

MO

Zip Code

64110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sprint

Occupation
Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01399

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Debbie Miller

Mailing Address 439 E 55th Street

City

Kansas City

State

MO

Zip Code

64110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sprint

Occupation
Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01400

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Debbie Miller

Mailing Address 439 E 55th Street

City

Kansas City

State

MO

Zip Code

64110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sprint

Occupation
Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01401

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donovan Porterfield

Mailing Address P.O. Box 1417

City

Los Alamos

State

NM

Zip Code

87544-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. Of California

Occupation
Chemist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01402

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jeff A. Underwood

Mailing Address 1029 W. 26th Street

City

Houston

State

TX

Zip Code

77008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Commercial Roofing Sheetmetal Presiden

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01403

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Deborah H Bailey

Mailing Address 1681 Wooded Drive

City

Grenada

State

MS

Zip Code

38901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Solon Group

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01404

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Virgilio A Guma, Sr.

Mailing Address 15061 SW 149 Avenue

City

Miami

State

FL

Zip Code

33196

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oil Trading Consultants,
Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01405

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Peter F. Patterson

Mailing Address 20 Mashie Club

City

Cody

State

WY

Zip Code

82414-5118

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01406

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard Walz

Mailing Address W4898 N. Kinney Coulee Road

City

Onalaska

State

WI

Zip Code

54650-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Walcraft Industries

Occupation
Corp Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01407

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Carla P. Sattar

Mailing Address 310 Potter Road

City

West Palm Beach

State

FL

Zip Code

33405-3622

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Stay Home Mom

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01408

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Donna L. Breen

Mailing Address 143 W. Barbin Street

City

Marksville

State

LA

Zip Code

71351-2802

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01409

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas L. Kelly

Mailing Address 2500 Ok Highway 78 E.

City

Tishomingo

State

OK

Zip Code

73460-4905

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01410

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Ruth A Greenfield

Mailing Address 1 Hastings Street

City

Durham

State

NC

Zip Code

27707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01411

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Mourek

Mailing Address 156 Lawton Road

City

Riverside

State

IL

Zip Code

60546-2357

FEC ID number of contributing
federal political committee.

C

Name of Employer
A. Mourek Management Inc.

Occupation
Real Estate Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01412

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Marina Britz

Mailing Address 310 Park Avenue

City

Wheatland

State

WY

Zip Code

82201-3324

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01413

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Eisele

Mailing Address P.O. Box 283

City

Sheridan

State

WY

Zip Code

82801-0283

FEC ID number of contributing
federal political committee.

C

Name of Employer
Big Horn Airways, Inc.

Occupation
Owner / Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01414

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles Richard Terrell

Mailing Address 1515 140Th Street N.W.

City

Swisher

State

IA

Zip Code

52338-9502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01415

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

745.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 477 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Geraldine Gozder

Mailing Address 9217 Bundoran Drive

City State Zip Code
Orland Park IL 60462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01416

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Angela Morales

Mailing Address 935 Millbrae Avenue

City State Zip Code
Millbrae CA 94030-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Francisco Department
Of Public Health

Occupation
Public Health Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01417

Amount of Each Receipt this Period

130.00

C.

Full Name (Last, First, Middle Initial)

Mr. James E. Mc Donald

Mailing Address 1961 Port Trinity Place

City State Zip Code
Newport Beach CA 92660-7127

FEC ID number of contributing
federal political committee.

C

Name of Employer
R.B.F. Consulting

Occupation
Civil Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01418

Amount of Each Receipt this Period

575.00

SUBTOTAL of Receipts This Page (optional)

955.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Mc Eldowney, Jr.

Mailing Address 111 Moorings Park Drive
Apartment 117City State Zip Code
Naples FL 34105FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Transaction ID: 2009M02L11AI01419

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard A. Richlan

Mailing Address 408 Stockbridge Court

City State Zip Code
Galloway NJ 08205FEC ID number of contributing
federal political committee.

C

Name of Employer
UmdnjOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Transaction ID: 2009M02L11AI01420

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Erling J. Alm

Mailing Address 1725 2Nd Avenue S.W.
Apartment 233City State Zip Code
Minot ND 58701-3472FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Transaction ID: 2009M02L11AI01421

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 479 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Richard & Nancy Barnhart

Mailing Address 7370 Walsh Road

City

Millington

State

TN

Zip Code

38053-6020

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01422

Amount of Each Receipt this Period

650.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard C. Palma

Mailing Address 253 Lumahai Place

City

Honolulu

State

HI

Zip Code

96825-2106

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01423

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Henry E. Autrey

Mailing Address P.O. Box 1799

City

Jacksonville

State

FL

Zip Code

32201-1799

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miller Electric Company

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01424

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1870.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. David J. Sly

Mailing Address 22601 N. 19Th Avenue
Suite 108

City State Zip Code
Phoenix AZ 85027-1324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
President / C.O.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01425

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Miss Leona Hanselman

Mailing Address 4500 Dobry Drive
Apartment 304

City State Zip Code
Sterling Heights MI 48314-1239

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01426

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. William M. Hutcheson

Mailing Address 1822 Calloway Path

City State Zip Code
Rockmart GA 30153-5407

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01427

Amount of Each Receipt this Period

245.00

SUBTOTAL of Receipts This Page (optional)

745.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Warner C. Sturtevant

Mailing Address 16755 Oak View Drive

City

Encino

State

CA

Zip Code

91436-3237

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01428

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jim W. Johnson

Mailing Address 1811 Forest Park

City

Tupelo

State

MS

Zip Code

38801-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01429

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Betty Pietsch

Mailing Address 4855 Valdina Way

City

San Diego

State

CA

Zip Code

92124-2428

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01430

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

870.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 482 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Vincent P. Pietsch

Mailing Address 4855 Valdina Way

City State Zip Code
San Diego CA 92124

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01431

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Ms. Joyce Sandquist

Mailing Address 2416 Fairway Drive

City State Zip Code
Bozeman MT 59715-5846

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01432

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Col. James L. Long

Mailing Address 14223 Hunter Hill

City State Zip Code
San Antonio TX 78217-1349

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01433

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Diane Steuber

Mailing Address 3679 Nordstrom Lane

City

Lafayette

State

CA

Zip Code

94549-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01434

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charles Iversen, Jr.

Mailing Address 34114 158 Place SE

City

Auburn

State

WA

Zip Code

98092-5264

FEC ID number of contributing
federal political committee.

C

Name of Employer
Usps

Occupation
Regular Rural Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01435

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John A. Pryor

Mailing Address 379 S. Wake Forest Avenue

City

Ventura

State

CA

Zip Code

93003-4248

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01436

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 484 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Byron & Wilma Loader

Mailing Address 419 County Road 4000

City

Lampasas

State

TX

Zip Code

76550-1268

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01437

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Ms. Ella W. Alexander

Mailing Address 6820 Barrington Drive

City

Stuart

State

FL

Zip Code

34997-8680

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01438

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald Boyd

Mailing Address 324 S.W. 13Th Place

City

Boca Raton

State

FL

Zip Code

33432-7173

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Food Processor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01439

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Jack Deemer Lantz

Mailing Address 496 Prospect Terrace

City

Pasadena

State

CA

Zip Code

91103-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unitek Miyachi Corporation

Occupation

President & C.E.O.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Transaction ID: 2009M02L11AI01440

Amount of Each Receipt this Period

345.00

B.

Full Name (Last, First, Middle Initial)

Mr.&Mrs. Cynde and Neil Palmer

Mailing Address 15060 N. Hwy 124

City

Hallsville

State

MO

Zip Code

65255-9207

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Of Missouri Ho-
spita

Occupation

Mammographer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Transaction ID: 2009M02L11AI01441

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. F. W. Englefield, III

Mailing Address 2352 Hankinson Road

City

Granville

State

OH

Zip Code

43023-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Englefield, Inc.

Occupation

Chairman of the Board

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Transaction ID: 2009M02L11AI01442

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

895.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 486 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Alan J. Nickerson

Mailing Address 45 Farm Ridge Drive

City State Zip Code
Farmington CT 06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alpine Group

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 16 / 2009

Transaction ID: 2009M02L11AI01443

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Loyd G. Kelly

Mailing Address 171 Terrace Mountain Drive

City State Zip Code
Hendersonville NC 28739-8974

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 ▼

1000.00

Date of Receipt

01 / 16 / 2009

Transaction ID: 2009M02L11AI01444

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael S. Gordon

Mailing Address 120 Irvine Cove Place

City State Zip Code
Laguna Beach CA 92651-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Q. Capital

Occupation
Investment Manage

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 16 / 2009

Transaction ID: 2009M02L11AI01445

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William Porter

Mailing Address 901 Shadywood Court

City

Arlington

State

TX

Zip Code

76012-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01446

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Mr. Roy Takeda

Mailing Address 3940 Royal Oak Place

City

Encino

State

CA

Zip Code

91436-3918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01447

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Picoli

Mailing Address 12 Pink Woods Lane

City

Glen Head

State

NY

Zip Code

11545-2404

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01448

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Louise Merchant

Mailing Address 1552 Madison 1520

City

Huntsville

State

AR

Zip Code

72740-8146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01449

Amount of Each Receipt this Period

445.00

B.

Full Name (Last, First, Middle Initial)

Mr. Duane Black

Mailing Address 9 Teal Road

City

Fayetteville

State

TN

Zip Code

37334-6648

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01450

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Susan L. Groff

Mailing Address 9832 Calvin Avenue

City

Northridge

State

CA

Zip Code

91324-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Excavating

Occupation

Contractor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01451

Amount of Each Receipt this Period

10500.00

SUBTOTAL of Receipts This Page (optional)

11245.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Howard D. Groff

Mailing Address 9832 Calvin Avenue

City State Zip Code
Northridge CA 91324

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northwest Excavating Comp-
 any

Occupation
 Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01452

Amount of Each Receipt this Period

10500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard Kotzur

Mailing Address 34054 Farm 490

City State Zip Code
Edinburg TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kotzur Farms Trucking, In-
 c.

Occupation
 Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01453

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Mr. John Lewis

Mailing Address 8316 Thorndyke Drive

City State Zip Code
Fort Worth TX 76180-1631

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01454

Amount of Each Receipt this Period

270.00

SUBTOTAL of Receipts This Page (optional)

11010.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William J. Duchie

Mailing Address 124 Parkside Drive

City

Brandon

State

MS

Zip Code

39042-4218

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01455

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Ms. Barbara Beach

Mailing Address P.O. Box 989015

City

Boston

State

MA

Zip Code

02298

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01456

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Ms. Molly Ferris

Mailing Address 5835 Picasso Place

City

Houston

State

TX

Zip Code

77096-3912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01457

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

605.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert L. Jenkins

Mailing Address 1279 Chateau Road

City

Pasadena

State

CA

Zip Code

91105-1207

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01458

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert Greening

Mailing Address 3500 E. Lincoln Drive
Apartment 24

City

Phoenix

State

AZ

Zip Code

85018-1024

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01459

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Philip E. Lippincott

Mailing Address P.O. Box 2159

City

Park City

State

UT

Zip Code

84060-2159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01460

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Loren Shannon

Mailing Address 12348 Stanley Canyon Road

City State Zip Code
Colorado Springs CO 80921-3670

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cibax

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

01 / 16 / 2009

Transaction ID: 2009M02L11AI01461

Amount of Each Receipt this Period

270.00

B.

Full Name (Last, First, Middle Initial)

Joseph & Amy Duinick

Mailing Address 9020 E. 101st Street S.

City State Zip Code
Tulsa OK 74133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rhema Bible Church

Occupation
Minister/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 16 / 2009

Transaction ID: 2009M02L11AI01462

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Lee R. & Karen Carlson

Mailing Address 6 Summit Court

City State Zip Code
North Oaks MN 55127-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Main Motor Sales Company

Occupation
Auto Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

01 / 16 / 2009

Transaction ID: 2009M02L11AI01463

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Archie Snider

Mailing Address 48 Orchard Hills Street

City

Atherton

State

CA

Zip Code

94027-5458

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01464

Amount of Each Receipt this Period

205.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Wing

Mailing Address 6990 Gleneagle Drive

City

Hialeah

State

FL

Zip Code

33014-6508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01465

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard L. Prout

Mailing Address 13701 8Th Avenue N.W.

City

Seattle

State

WA

Zip Code

98177-3957

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01466

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Franklin Riehlman

Mailing Address 138 Van Cortlandt Park S

City

Bronx

State

NY

Zip Code

10463-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Art Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01467

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Barbara A. Hock

Mailing Address 1000 Milledge Road

City

Augusta

State

GA

Zip Code

30904-6701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01468

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ettore Barbatelli

Mailing Address 200 Kawama Lane

City

Palm Beach

State

FL

Zip Code

33480-3615

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01469

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Byron C. Shutz

Mailing Address 1001 West 58th Terrace

City

Kansas City

State

MO

Zip Code

64113-1159

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01470

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Kathlene H. Tanimoto

Mailing Address 2786 E. California Boulevard

City

Pasadena

State

CA

Zip Code

91107-5301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01471

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lewis E. Topper

Mailing Address 220 E. 65 Street
Apt 19G

City

New York

State

NY

Zip Code

10065-6627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fast Food Systems

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01472

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3220.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Peterson

Mailing Address 2284 W. Del Oro Lane

City

Yuma

State

AZ

Zip Code

85364-6150

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01473

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard P. Jahnke

Mailing Address 1002 Hawthorn Drive

City

Waukesha

State

WI

Zip Code

53188-2958

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01474

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. George Pohlmann

Mailing Address 1118 Jefferson Street

City

Jefferson City

State

MO

Zip Code

65101-2729

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01475

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Jerry A. Riedinger

Mailing Address 17110 S.E. 43rd Street

City

Issaquah

State

WA

Zip Code

98027-9011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Perkins Coie, L.L.P.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01476

Amount of Each Receipt this Period

330.00

B.

Full Name (Last, First, Middle Initial)

Ms. Jeanne L. Frost

Mailing Address 644 San Gorgonio Street

City

San Diego

State

CA

Zip Code

92106-3323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01477

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. William C. Dunn

Mailing Address 2430 Tipperary Avenue

City

S. San Francisco

State

CA

Zip Code

94080-5352

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01478

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. J. Spencer Standish

Mailing Address 395 Llwyds Lane

City

Vero Beach

State

FL

Zip Code

32963-3254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01479

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lansing Ray

Mailing Address 6211 N. Piedra Seca

City

Tucson

State

AZ

Zip Code

85718-3109

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01480

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. David M. Marden

Mailing Address 99 Woodland Drive

City

Bangor

State

ME

Zip Code

04401-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marden's Inc.

Occupation
Retail Store Manager/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01481

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Mark E. Forster

Mailing Address 2209 S. E. 32Nd Terrace

City

Cape Coral

State

FL

Zip Code

33904-4456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pool Doctor

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01482

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Philip W. O' Neil

Mailing Address 12 Glenagles Drive

City

Newport Beach

State

CA

Zip Code

92660-4296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mike's Hard Lemonade

Occupation
President / C.O.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01483

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. F. Lynn Mc Pheeters

Mailing Address 7226 N. Charles Way

City

Peoria

State

IL

Zip Code

61614-2166

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01484

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 500 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Pauline Lesch

Mailing Address 418 County Road 204

City

Valley View

State

TX

Zip Code

76272-6914

FEC ID number of contributing
federal political committee.

C

Name of Employer
PCL Insurance Agency, Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01485

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John J. Gregory

Mailing Address 3636 Hunters Creek Road

City

Edmond

State

OK

Zip Code

73003-3568

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Of Oklahoma

Occupation

Air Traffic Control Instructor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01486

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. John J. Schmitz

Mailing Address 4354 Fawn Lake Drive

City

Stacy

State

MN

Zip Code

55079-9547

FEC ID number of contributing
federal political committee.

C

Name of Employer
C.H.S., Inc.

Occupation

C.F.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01487

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Ralph N. Trombetta

Mailing Address P.O. Box 55

City

Keene

State

CA

Zip Code

93531-0055

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01488

Amount of Each Receipt this Period

205.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert L. Miller

Mailing Address 63 Oakland Place

City

Buffalo

State

NY

Zip Code

14222-2041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01489

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Maria E. Lunger

Mailing Address 22220 Starlight Drive

City

Yorba Linda

State

CA

Zip Code

92887-2723

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01490

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 502 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert K. Mac Donald

Mailing Address 1701 Route 300

City

Newburgh

State

NY

Zip Code

12550-8932

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Dept. Of. Agriculture

Occupation
Veterinarian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01491

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Ms. Ann Rinehart

Mailing Address 3606 Park Ave. W.

City

Mansfield

State

OH

Zip Code

44906

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01492

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth Fibus

Mailing Address 42 Redfern Drive

City

Youngstown

State

OH

Zip Code

44505-1663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steel City Corp.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01493

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Mc Mackin

Mailing Address 3006 La Mesa Drive

City

Henderson

State

NV

Zip Code

89014-3721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01494

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph Silva, Jr.

Mailing Address 103 West 5Th Street

City

Panama City

State

FL

Zip Code

32401-2603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01495

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard A. Turici

Mailing Address 200 Ocean Lane Drive
Apartment 1104

City

Key Biscayne

State

FL

Zip Code

33149-1402

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01496

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

530.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Chris M. Shaughnessy

Mailing Address 6105 Bend O. River Drive

City

Austin

State

TX

Zip Code

78746-7201

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01497

Amount of Each Receipt this Period

330.00

B.

Full Name (Last, First, Middle Initial)

Mr. Arthur T Gault

Mailing Address 502 Luna Vista Drive

City

The Hills

State

TX

Zip Code

78738

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01498

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Derek Moser

Mailing Address 4661 Whimbrel Drive

City

Littleton

State

CO

Zip Code

80126-7404

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Launch Alliance

Occupation
Delta Programs Data Processing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01499

Amount of Each Receipt this Period

111.00

SUBTOTAL of Receipts This Page (optional)

2441.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Andrew Kahn

Mailing Address 5120 Sunshine Road

City

Roseburg

State

OR

Zip Code

97470-8409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rancher

Occupation
Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01500

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Johanis Sinon

Mailing Address 2027 152Nd Avenue N.E.
Superior Underwriters

City

Redmond

State

WA

Zip Code

98052-5521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Groninger & Company, Inc.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01501

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Vadm & Mrs William Ramsey

Mailing Address 825 Bayshore Drive
Penthouse East

City

Pensacola

State

FL

Zip Code

32507

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01502

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

1220.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 506 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William Chamberlain

Mailing Address 67 Roberts Avenue

City

Haddonfield

State

NJ

Zip Code

08033-1319

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Transaction ID: 2009M02L11AI01503

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Larry F. Wright

Mailing Address P.O. Box 300

City

London

State

TX

Zip Code

76854-0300

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Transaction ID: 2009M02L11AI01504

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Rafael A. De Los Reyes

Mailing Address P.O. Box 141707

City

Coral Gables

State

FL

Zip Code

33114-1707

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Transaction ID: 2009M02L11AI01505

Amount of Each Receipt this Period

270.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 507 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. F. T. Beasley

Mailing Address 3524 Grand Avenue
 Apartment 802

City State Zip Code
 Des Moines IA 50312-4344

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01506

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Major John A. Shepherd

Mailing Address 4221 Bonita Road
 Unit 8

City State Zip Code
 Bonita CA 91902-7629

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01507

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alec Y. Chang

Mailing Address 1391 La Honda Road

City State Zip Code
 Woodside CA 94062-3731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01508

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 508 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Bruce Shavey

Mailing Address 194 Mallory Station Rd.

City

Franklin

State

TN

Zip Code

37067-8201

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Egyptian Lacquer Manu-
facturing Com

Occupation

Technical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01509

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mary Barbara Schultz

Mailing Address 501 Via Casitas #1110

City

Greenbrae

State

CA

Zip Code

94904-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01510

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Mr. James M. Costan

Mailing Address 2900 N. Street N.W.

City

Washington

State

DC

Zip Code

20007-3341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mc Guire Woods

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01511

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Betty J. Shaw

Mailing Address 1448 Grand Blvd.

City

State

Zip Code

Holiday

FL

34690-6249

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01512

Amount of Each Receipt this Period

240.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Q. O' Donnell

Mailing Address 1 N. Wacker Drive
Suite 2400

City

State

Zip Code

Chicago

IL

60606-4654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01513

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard T. Brady

Mailing Address 112 E. Pecan Street
Suite 1800

City

State

Zip Code

San Antonio

TX

78205-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cox, Smith & Matthews, In-
c.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01514

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1540.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Alice T. Neel

Mailing Address 4106 Tarlac Drive

City

San Antonio

State

TX

Zip Code

78239-3072

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01515

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. James L. Myers

Mailing Address 345 Oakview Drive

City

San Carlos

State

CA

Zip Code

94070-4538

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01516

Amount of Each Receipt this Period

550.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven F. Urvan

Mailing Address P.O. Box 19137

City

Atlanta

State

GA

Zip Code

31126-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer
E. Happenings

Occupation
C. E. O./ Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01517

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 511 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Louis F. Tagliatela, Sr.

Mailing Address 1621 State Street

City

New Haven

State

CT

Zip Code

06511-1411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01518

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Clyde M. Webb

Mailing Address 1550 N.E. Ocean Blvd.
Apartment A204

City

Stuart

State

FL

Zip Code

34996-1561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01519

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Lony F. Israel

Mailing Address 622 Centerville Lane

City

Gardnerville

State

NV

Zip Code

89460-9709

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01520

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Jose A. Lopez

Mailing Address P.O. Box 494009

City

Port Charlotte

State

FL

Zip Code

33949

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marketing Arm InternationalOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Transaction ID: 2009M02L11AI01521

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frank W. Burr

Mailing Address 15 Hollis Drive

City

Ho Ho Kus

State

NJ

Zip Code

07423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Transaction ID: 2009M02L11AI01522

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Amb. Cynthia S. Perry

Mailing Address 70 Terra Bella Drive

City

Manvel

State

TX

Zip Code

77578-6360

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. State DepartmentOccupation
U.S. Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Transaction ID: 2009M02L11AI01523

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Jay A. Brink

Mailing Address 5711 Sunburst Drive

City

Rapid City

State

SD

Zip Code

57702-8805

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01524

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jerome L. Harden

Mailing Address 5515 E. Cannon Drive

City

Scottsdale

State

AZ

Zip Code

85253-1158

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01525

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. L. Dale Hinshaw

Mailing Address 12443 Charing Cross Road

City

Carmel

State

IN

Zip Code

46033-3166

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01526

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Dan Reynolds

Mailing Address 11 Shady Bend Drive

City

Melissa

State

TX

Zip Code

75454-8918

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01527

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Ms. Betty J. Koppler

Mailing Address 3280 Sly Park Road

City

Pollock Pines

State

CA

Zip Code

95726-9591

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01528

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. James Hassenstab

Mailing Address 13819 Charles Street

City

Omaha

State

NE

Zip Code

68154-3883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01529

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

925.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John A. Cron

Mailing Address 1502 Cape Cod Street

City

Davis

State

CA

Zip Code

95616-7328

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01530

Amount of Each Receipt this Period

205.00

B.

Full Name (Last, First, Middle Initial)

Mr. Harry Thomsen

Mailing Address 7 Collins Isle

City

Newport Beach

State

CA

Zip Code

92662-1003

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01531

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Corey Brand

Mailing Address 5276 Havenwood Lane

City

Holladay

State

UT

Zip Code

84117-7116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01532

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1205.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 516 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. C. Austin Buck

Mailing Address P.O. Box 785

City

Bernardsville

State

NJ

Zip Code

07924-0785

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01533

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. David E. Hillier

Mailing Address 133 Huntington Crossing Drive

City

Saint Peters

State

MO

Zip Code

63376-4274

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01534

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Silvio J. Foppoli

Mailing Address 52 Locksly Lane

City

San Rafael

State

CA

Zip Code

94901-2427

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01535

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

925.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard A. Martin

Mailing Address 2301 Ringling Boulevard

City

Sarasota

State

FL

Zip Code

34237-6103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01536

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Allen F. Jacobson

Mailing Address Building 255-2N-01
3M Center

City

Saint Paul

State

MN

Zip Code

55144-0001

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01537

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Ms. Juanita L. Bradley

Mailing Address 4712 NW 30th Street

City

Oklahoma City

State

OK

Zip Code

73122-1314

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01538

Amount of Each Receipt this Period

205.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William Kelly Simpson

Mailing Address Katonah's Wood Road

City State Zip Code
Katonah NY 10536

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01539

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. W. Richard Blackwood

Mailing Address 644 Blackhawk Road

City State Zip Code
Beaver Falls PA 15010-1464

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01540

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Ladene Schoen

Mailing Address 32341 Dover Avenue

City State Zip Code
Warren MI 48088-6904

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01541

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Otto L. Forchheimer

Mailing Address 1700 Normandie Drive
216

City State Zip Code
York PA 17408

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01542

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charles S. Crowley

Mailing Address 6 Deepwoods Drive

City State Zip Code
Mattapoisett MA 02739-1304

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01543

Amount of Each Receipt this Period

235.00

C.

Full Name (Last, First, Middle Initial)

Mr. Fred E. Lee

Mailing Address 1501 Big Tree Road

City State Zip Code
Neptune Beach FL 32266-3191

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Small Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01544

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

785.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Michael V. Hajjar

Mailing Address 2138 W. Falcon Point Ct.

City

Boise

State

ID

Zip Code

83703-4298

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01545

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Marianne T. Endicott

Mailing Address 19 Stratton Place

City

Grosse Pointe

State

MI

Zip Code

48236-1771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Mary Kay Cosmetics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01546

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. W. J. Atkins

Mailing Address 333 Texas Street
Suite 2300

City

Shreveport

State

LA

Zip Code

71101-3680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atco Investment Company

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01547

Amount of Each Receipt this Period

655.00

SUBTOTAL of Receipts This Page (optional)

1405.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Royce Reinhardt

Mailing Address 24050 County Road 10

City

La Jara

State

CO

Zip Code

81140-9506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01548

Amount of Each Receipt this Period

330.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jack Westfall

Mailing Address 21481 S. Ferguson Road

City

Beavercreek

State

OR

Zip Code

97004-7615

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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01549

Amount of Each Receipt this Period

360.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dave Carothers

Mailing Address 5110 Whitman Way
Apartment 312

City

Carlsbad

State

CA

Zip Code

92008-4639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01550

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Lt. Col. Philip A. Fitter

Mailing Address 106 Madonna Circle

City

Crowley

State

TX

Zip Code

76036-2005

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01551

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Baker Lyon

Mailing Address 50 North Sierra Street
Suite 1004

City

Reno

State

NV

Zip Code

89501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oracle Corporation

Occupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01552

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221st West Avenue

City

Sand Springs

State

OK

Zip Code

74063-8149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warehouse Market

Occupation
Carry Out

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01553

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. David M. Cassard

Mailing Address 840 Floral Avenue SE

City

Grand Rapids

State

MI

Zip Code

49506-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waters Corp

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01554

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Carl W Connell, Jr.

Mailing Address 1130 Foxtrot Lane

City

Richland

State

WA

Zip Code

99352-7712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fluor

Occupation
Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01555

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard N. Berger

Mailing Address 10739 Ashton Avenue
Apartment 1044

City

Los Angeles

State

CA

Zip Code

90024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rixley Electronics, Inc.

Occupation
Financial Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01556

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Barbara R. Christie

Mailing Address 240 N. Main Street

City

Middleboro

State

MA

Zip Code

02346-2424

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01557

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Jacqueline L. Sharwell

Mailing Address 171 Devon Road

City

Bronxville

State

NY

Zip Code

10708-5700

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01558

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Marshall L. Gurley

Mailing Address P.O. Box 90907

Centurion Construction Co., Inc.

City

Raleigh

State

NC

Zip Code

27675-0907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centurion Construction Co-
mpany

Occupation
Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01559

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Maria Zarranz

Mailing Address 3610 S.W. 88Th Place

City

Miami

State

FL

Zip Code

33165-4374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Turning Point C.M.H.C.

Occupation

Mental Health Counselor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01560

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City

Sand Springs

State

OK

Zip Code

74063-8149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warehouse Market

Occupation

Carry Out

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01561

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Thomas J. Gochberg

Mailing Address 791 Park Avenue

City

New York

State

NY

Zip Code

10021-3551

FEC ID number of contributing
federal political committee.

C

Name of Employer
T.G.M. Associates, L.P.

Occupation

Pension Fund Money Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01562

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William J. Mc Goldrick

Mailing Address 109 Church Road

City

Sherman

State

CT

Zip Code

06784-1304

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01563

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Ashby

Mailing Address 739 N. 9Th Street

City

Geneva

State

NE

Zip Code

68361-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01564

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Margaret R. McGowen

Mailing Address 6908 Shalimar Court

City

Colleyville

State

TX

Zip Code

76034-6634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flight Safety International

Occupation
Executive Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01565

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William Dawson

Mailing Address 1074 Clearview Road

City

Union

State

MO

Zip Code

63084-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01566

Amount of Each Receipt this Period

1100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dave Carothers

Mailing Address 5110 Whitman Way
Apartment 312

City

Carlsbad

State

CA

Zip Code

92008-4639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01567

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Shirley H. Bonner

Mailing Address 403 Denniston Avenue

City

Pittsburgh

State

PA

Zip Code

15206-4411

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01568

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 528 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Beverly Gillett

Mailing Address P.O. Box 157

City

Lockwood

State

CA

Zip Code

93932-0157

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01569

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Constance Gohlman

Mailing Address 6235 N.E. Mast Avenue

City

Lincoln City

State

OR

Zip Code

97367-9453

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01570

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Sheryl Gorton

Mailing Address 125 Glen Park Avenue

City

San Rafael

State

CA

Zip Code

94901-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01571

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 529 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James Limbaugh

Mailing Address 3001 S. Cove Drive

City

Birmingham

State

AL

Zip Code

35216-3872

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01572

Amount of Each Receipt this Period

245.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. M. J. Strahm

Mailing Address 1705 Roosevelt Street
Apartment 61

City

Sabetha

State

KS

Zip Code

66534-2156

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01573

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. O' Keefe

Mailing Address 2340 4Th Avenue
Apartment 278

City

San Diego

State

CA

Zip Code

92101-1607

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 ▼

1455.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01574

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

545.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 530 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. O' Keefe

Mailing Address 2340 4Th Avenue
Apartment 278

City	State	Zip Code
San Diego	CA	92101-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1455.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	9	

Transaction ID: 2009M02L11AI01575

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frederick D. Watkins

Mailing Address 80 Loeffler Road G207

City	State	Zip Code
Bloomfield	CT	06002

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	9	

Transaction ID: 2009M02L11AI01576

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Edward S. Olson, Jr.

Mailing Address P.O. Box 1075

City	State	Zip Code
Easley	SC	29641-1075

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	9	

Transaction ID: 2009M02L11AI01577

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 531 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Alan T. Vasse

Mailing Address 706 Covington Court

City

Sykesville

State

MD

Zip Code

21784-8903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Social Security Administr-
ation

Occupation

Financial Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

01 / 20 / 2009

Transaction ID: 2009M02L11AI01578

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert D. Dechant

Mailing Address 1405 Hollycrest Drive

City

Bloomington

State

IL

Zip Code

61701-8324

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 ▼

250.00

Date of Receipt

01 / 20 / 2009

Transaction ID: 2009M02L11AI01579

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. William K. Woody

Mailing Address 1596 Marco Drive

City

Pasadena

State

MD

Zip Code

21122-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kcw Engineering Technolog-
ies.

Occupation

Professional Land Surveyor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2009

Transaction ID: 2009M02L11AI01580

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

970.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 532 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Richard Sarns

Mailing Address 3645 Daleview Drive

City

Ann Arbor

State

MI

Zip Code

48105-9687

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Business Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01581

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Mr. David J. Ayer

Mailing Address 3715 Shannon Road

City

Los Angeles

State

CA

Zip Code

90027-1439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Writer/Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01582

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. William Willits

Mailing Address 106 Waters Drive

City

Moyock

State

NC

Zip Code

27958-9274

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Dental Lab

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01583

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 533 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Isabelle M. Ferguson

Mailing Address 1600 Church Road
Apartment D305City State Zip Code
Wyncote PA 19095-1925FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	9

Transaction ID: 2009M02L11AI01584

Amount of Each Receipt this Period

205.00

B.

Full Name (Last, First, Middle Initial)

Ms. Michelle Marie Rodenborn

Mailing Address 3543 Bendigo Drive

City State Zip Code
Rancho Palos Verde CA 90275-6268FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	9

Transaction ID: 2009M02L11AI01585

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221st West Avenue

City State Zip Code
Sand Springs OK 74063-8149FEC ID number of contributing
federal political committee.

C

Name of Employer
Warehouse MarketOccupation
Carry Out

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	9

Transaction ID: 2009M02L11AI01586

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 534 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Philip M. Coniglio

Mailing Address 26048 Atherton Drive

City

Carmel

State

CA

Zip Code

93923-8904

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01587

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. Carl J. Smith

Mailing Address P.O. Box 966

City

Tok

State

AK

Zip Code

99780-0966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Trapping/Picking

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01588

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alden Taylor

Mailing Address 20 Forge Road

City

Wilton

State

CT

Zip Code

06897

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Management Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01589

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 535 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara Linthicum

Mailing Address 11332 183Rd Place N.E.
 Apartment J2031

City State Zip Code
 Redmond WA 98052-7289

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Microsoft

Occupation
 Graphics Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01590

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Robert L. Garnett

Mailing Address 3012 Duffield Drive

City State Zip Code
 Greensboro NC 27410-6008

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01591

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. J. P. Stein

Mailing Address 2975 Highway 22

City State Zip Code
 Muscatine IA 52761-9413

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Veterinarian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01592

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

585.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 536 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Joe Bill Pickrell

Mailing Address 7833 N. 16Th Lane

City

Phoenix

State

AZ

Zip Code

85021-7005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Business Printing

Occupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01593

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Ms. Marolyn Russell

Mailing Address P.O. Box 27395

City

Houston

State

TX

Zip Code

77227-7395

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 ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01594

Amount of Each Receipt this Period

605.00

C.

Full Name (Last, First, Middle Initial)

Mr. Greg Morrow

Mailing Address 2262 Timbercreek Circle

City

Brea

State

CA

Zip Code

92821-4429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
C.P.A.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01595

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

1080.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Col. Jesmond D. Balmer, Jr.

Mailing Address 15 Mastic Court W.

City

Homosassa

State

FL

Zip Code

34446-4545

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 ▼

500.00

Date of Receipt

01 / 20 / 2009

Transaction ID: 2009M02L11AI01596

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Joan Kelley

Mailing Address 1305 Shore Line Drive

City

Wichita Falls

State

TX

Zip Code

76308-5758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

01 / 20 / 2009

Transaction ID: 2009M02L11AI01597

Amount of Each Receipt this Period

105.00

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas L. Allen

Mailing Address 10811 Rosemont Court

City

Fort Myers

State

FL

Zip Code

33908-2842

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 ▼

1000.00

Date of Receipt

01 / 20 / 2009

Transaction ID: 2009M02L11AI01598

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1605.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Henry S. Reinke

Mailing Address 2440 S. Wolf Road

City

Des Plaines

State

IL

Zip Code

60018-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Building Distributor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01599

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ray L. Bassett

Mailing Address 2300 N. Scenic Highway

City

Babson Park

State

FL

Zip Code

33827-9738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aglime Sales-Bassett Gro-
ves

Occupation

Citrus Grower

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01600

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms. Virginia L. Ricks

Mailing Address 3205 Wisteria Avenue

City

Brunswick

State

GA

Zip Code

31520-4332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01601

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Pierrette S. Gordon

Mailing Address 720 N. Collier Blvd.
 Apartment 201

City State Zip Code
 Marco Island FL 34145-2452

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Wisconsin Metal Sales, In-
 c.

Occupation
 Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01602

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donald D. Webb

Mailing Address 5 Muirfield Lane

City State Zip Code
 Huntsville AL 35802-1289

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01603

Amount of Each Receipt this Period

405.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard D. Roberts

Mailing Address 1109 S. Bay Shore Drive

City State Zip Code
 Virginia Beach VA 23451-3807

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01604

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mariette Landwehr

Mailing Address 201 W. Lakeshore Dr.

City State Zip Code
 Carriere MS 39426

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01605

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ms. Marynell D. Reece

Mailing Address P.O. Box 199

City State Zip Code
 Scandia KS 66966-0199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ruce Construction Company

Occupation
Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01606

Amount of Each Receipt this Period

205.00

C.

Full Name (Last, First, Middle Initial)

Mr. Sim N. Aguilar

Mailing Address 560 Woodlake Road

City State Zip Code
 Virginia Beach VA 23452-1124

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01607

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

455.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Louis D. Myre

Mailing Address 4040 Primrose Place

City

Paducah

State

KY

Zip Code

42001-4674

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01608

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Andris Lacis

Mailing Address 2850 Pine Lake Road

City

West Bloomfield

State

MI

Zip Code

48324-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
B.T.G. Systems, Inc.

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01609

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Grover Eugene Baker

Mailing Address 645 V. O. A. Site C. Road

City

Greenville

State

NC

Zip Code

27834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unemployed

Occupation
Unemployed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01610

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

670.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Andrew Hython

Mailing Address 542 Elm Street

City

Canonsburg

State

PA

Zip Code

15317-1429

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01611

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Pamela Bauter

Mailing Address 3480 Gs Richards Blvd.
Apartment 302

City

Carson City

State

NV

Zip Code

89703-8444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01612

Amount of Each Receipt this Period

175.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Lola L. Bolton

Mailing Address 3803 40Th Avenue N.E.

City

Seattle

State

WA

Zip Code

98105-5423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 2009M02L11AI01613

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John B. Sorrell

Mailing Address 866 Bayview Drive

City

Edgewater

State

MD

Zip Code

21037-4117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01614

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Ms. Anne Hargrove

Mailing Address 605 Overland Drive

City

Spartanburg

State

SC

Zip Code

29307-2914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wyeth Pharmaceuticals

Occupation
Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01615

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jerry Killingstad

Mailing Address 20675 Cypress Rnch

City

Castro Valley

State

CA

Zip Code

94552-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01616

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

970.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard Kidney

Mailing Address 10015 W. Vassar Place

City State Zip Code
Lakewood CO 80227

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01617

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Fran P. Simmons, Jr.

Mailing Address P.O. Box 602

City State Zip Code
Bowling Green SC 29703

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Line Scrap Metal

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01618

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Pamela Olsson

Mailing Address 14 Algonquin Drive

City State Zip Code
Keene NH 03431-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monadnock Community Hospital

Occupation
Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01619

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Carol R Grosvenor

Mailing Address 1115 Stockton St

City

Indianapolis

State

IN

Zip Code

46260-2860

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01620

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. Merle Koontz

Mailing Address 739 Dallas Rd.

City

Chattanooga

State

TN

Zip Code

37405-2743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01621

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

Ms. Claudia B. Reich

Mailing Address 5807 Harriet Ct.

City

Summerfield

State

NC

Zip Code

27358-9149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01622

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Iris S. Bailey

Mailing Address 2101 Kern

City

Victoria

State

TX

Zip Code

77901-7779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elder Distributing

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01623

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Barbara Sheldon

Mailing Address 69 Wynden Oaks Drive

City

Houston

State

TX

Zip Code

77056-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenwood King Properties

Occupation
Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01624

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. John B. Mitchell

Mailing Address 7803 Elm Tree Ct

City

Sugar Land

State

TX

Zip Code

77479-6404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Acute Technological Services,

Occupation
Ceo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01625

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

670.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Donald C. Breece

Mailing Address 2149 Prestwick Dr

City

Uniontown

State

OH

Zip Code

44685-7546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Sales Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01626

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Albert Reynolds

Mailing Address 1005 Burga Loop

City

Chula Vista

State

CA

Zip Code

91910-8071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired Naval Officer

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01627

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Catherine M. Krueger

Mailing Address 2203 1St Avenue

City

Napa

State

CA

Zip Code

94558-3827

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Avenue Vineyards

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01628

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Lisette Destito

Mailing Address 94 Everett Avenue

City

Staten Island

State

NY

Zip Code

10309

FEC ID number of contributing
federal political committee.

C

Name of Employer
L&L Realty Corp.

Occupation

Real Prop. Mgmt.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01629

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Courtland P. Gray, Iv

Mailing Address P.O. Box 3412

City

Meridian

State

MS

Zip Code

39303-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peavey Electronics

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01630

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Moe I Afaneh

Mailing Address 7160 SW 5 St

City

Plantation

State

FL

Zip Code

33317

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Pharmacy

Occupation

C. E. O. America's Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01631

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 549 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Faye Panasci

Mailing Address 3000 Howlett Hill Rd

City

Camillus

State

NY

Zip Code

13031-9735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01632

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Terrance J. Foster

Mailing Address 947 Thomasson Lane

City

Paradise

State

CA

Zip Code

95969-3236

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01633

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms. Marielena Marlow

Mailing Address 215 Med Park Drive

City

Clarksville

State

TN

Zip Code

37043-6310

FEC ID number of contributing
federal political committee.

C

Name of Employer
E.S.N.

Occupation
Physical Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01634

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. William Williams

Mailing Address 360 Chestnut Grove Church Road

City

Jonesborough

State

TN

Zip Code

37659-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pain Medicine Associates

Occupation
M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01635

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Scott W. Ellison

Mailing Address 30 Bear Hill Road

City

Windham

State

NH

Zip Code

03087-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Devine Millimet & Branch

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01636

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Nathan Robinson

Mailing Address 9222 Betony Wood Trail

City

Jonesboro

State

GA

Zip Code

30236-5274

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01637

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Mr. Ferdinand Von Galen

Mailing Address P.O. Box 737

City State Zip Code
 Patagonia AZ 85624-0737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01638

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Dale W. Doss

Mailing Address 1636 Woodgate Way

City State Zip Code
 Tallahassee FL 32308-0530

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01639

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)
 Mr. John K. Mc Kay

Mailing Address 604 W. Olive Street

City State Zip Code
 Marshalltown IA 50158-3830

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01640

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1470.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 552 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Day

Mailing Address 3480 Rockcliff Place

City

Longwood

State

FL

Zip Code

32779-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Control Technologies

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01641

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gen. Leon Salomon

Mailing Address 2795 Kipps Colony Drive S.
Apartment 101

City

Gulfport

State

FL

Zip Code

33707-3972

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01642

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mary H. Baird

Mailing Address 22236 Woodlawn Avenue

City

Brooksville

State

FL

Zip Code

34601-2701

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01643

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1320.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. R. T. Hough

Mailing Address 913 Barclay Circle

City

Lake Forest

State

IL

Zip Code

60045-4212

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01644

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Shirley R. Martz

Mailing Address 1000 W. Century Avenue
Apartment 365

City

Bismarck

State

ND

Zip Code

58503-0928

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01645

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jere W. Thompson, Sr.

Mailing Address 3838 Oak Lawn
Suite 1850

City

Dallas

State

TX

Zip Code

75219-4528

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01646

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert M. Wagner

Mailing Address 3322 Highland Meadow Drive

City

Farmers Branch

State

TX

Zip Code

75234-2258

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01647

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donald K. Richardson

Mailing Address 6914 Spanky Branch Drive

City

Dallas

State

TX

Zip Code

75248-1528

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01648

Amount of Each Receipt this Period

205.00

C.

Full Name (Last, First, Middle Initial)

Dr. Pat N. Wickwire

Mailing Address 2900 Amby Place

City

Hermosa Beach

State

CA

Zip Code

90254-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01649

Amount of Each Receipt this Period

205.00

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph E. Keber

Mailing Address P.O. Box 327

City
Spalding

State
NE

Zip Code
68665-0327

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01650

Amount of Each Receipt this Period

340.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frank G. Liberto

Mailing Address 680 E. Basse Road
Apartment 316

City

San Antonio

State

TX

Zip Code

78209-8332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01651

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Homer R. Scott

Mailing Address 5 South Sharptailed Road

City

Sheridan

State

WY

Zip Code

82801

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Powder Horn

Occupation
Manager/Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01652

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Bill L. Dufur

Mailing Address P.O. Box 166

City

Caddo

State

OK

Zip Code

74729-0166

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01653

Amount of Each Receipt this Period

230.00

B.

Full Name (Last, First, Middle Initial)

Dr. Clark G. Warden

Mailing Address 24 Cardinal Road

City

Covington

State

LA

Zip Code

70433-4504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Specialists Of
L.A.

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01654

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Timothy J. Clement

Mailing Address P.O. Box 201

City

Watertown

State

NY

Zip Code

13601-0201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01655

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. Douglas Allen Young

Mailing Address 127 Kelly Road

City

Stroudsburg

State

PA

Zip Code

18360-8700

FEC ID number of contributing
federal political committee.**C**Name of Employer
Pocono Eye Associates

Occupation

Physician/Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Transaction ID: 2009M02L11AI01656

Amount of Each Receipt this Period

255.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jim Hooten

Mailing Address 7939 Atwater Lane
Apartment 101

City

Memphis

State

TN

Zip Code

38119-9189

FEC ID number of contributing
federal political committee.**C**Name of Employer
Professional Healthcare
Management

Occupation

Courier

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Transaction ID: 2009M02L11AI01657

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Leonard B. Bohner

Mailing Address 210 E. 73Rd Street

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.**C**Name of Employer
Morris & Mc Veigh

Occupation

Lawyer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Transaction ID: 2009M02L11AI01658

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

755.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 558 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Phillip O. Geier, Jr.

Mailing Address 6000 Redbird Hollow Lane

City

Cincinnati

State

OH

Zip Code

45243-3331

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01659

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jay C. Mc Elroy

Mailing Address 4949 Willow Street

City

Bellaire

State

TX

Zip Code

77401-4417

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01660

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. David E. Kepler

Mailing Address 912 Turtle Cove

City

Sanford

State

MI

Zip Code

48657-9342

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Dow Chemical Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01661

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 559 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Henrik Freitag

Mailing Address 949 E. Green Street

City

Bensenville

State

IL

Zip Code

60106-2553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Die & Stamping

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01662

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Nicholas Kouchoukos

Mailing Address 25 Picardy Lane

City

Saint Louis

State

MO

Zip Code

63124-1606

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01663

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Russell Majewski

Mailing Address 43 Lake Adalyn Drive

City

South Barrington

State

IL

Zip Code

60010-9542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01664

Amount of Each Receipt this Period

1100.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 560 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul R. Werther

Mailing Address 2015 Valley Road

City

Rockford

State

IL

Zip Code

61107-1370

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Transaction ID: 2009M02L11AI01665

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark E. Borgerding

Mailing Address P.O. Box 510

City

Belgrade

State

MN

Zip Code

56312-0510

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Transaction ID: 2009M02L11AI01666

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. C. Thomas Schwartz

Mailing Address 6131 Stewart Avenue

City

Cincinnati

State

OH

Zip Code

45227-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Transaction ID: 2009M02L11AI01667

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 561 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Wilma J Hall

Mailing Address 8411 Seward Rd.

City State Zip Code
Hamilton OH 45011

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Vibra Finish Co.

Occupation
 Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01668

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Charles R. Ward

Mailing Address 9087 Meadowrun Way

City State Zip Code
San Diego CA 92129-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northrop Grumman

Occupation
 Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01669

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bobby Turner

Mailing Address 4610 Hamilton Drive

City State Zip Code
Woodbridge VA 22193-5254

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01670

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 562 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Czachor

Mailing Address 1793 Christie Court

City

De Pere

State

WI

Zip Code

54115-8108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Packaging Supple
Company

Occupation

Business Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01671

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. O' Keefe

Mailing Address 2340 4Th Avenue
Apartment 278

City

San Diego

State

CA

Zip Code

92101-1607

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 ▼

1455.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01672

Amount of Each Receipt this Period

755.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles R. Waldron

Mailing Address 29844 Baywood Lane

City

Zephyrhills

State

FL

Zip Code

33543-4430

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01673

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1455.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 563 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John B. Apple

Mailing Address 250 King Street

City

Northumberland

State

PA

Zip Code

17857-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Butter Krust Baking Compa-
ny

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01674

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard L. Vaughn

Mailing Address 21352 Canea Street

City

Mission Viejo

State

CA

Zip Code

92692-4990

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01675

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

Mr. Edward J. Bossong

Mailing Address 106 Winchell Drive

City

Syracuse

State

NY

Zip Code

13209-1448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bossong Commerical Delive-
ry, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01676

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 564 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms Mitzi Rick

Mailing Address P.O. Box 311

City

Davin

State

WV

Zip Code

25617-0311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Long Term Short Term I.N.-
C.

Occupation

Financial Education Sales Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Transaction ID: 2009M02L11AI01677

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mary J. Strimple

Mailing Address 9855 Sand Cherry Way

City

Highlands Ranch

State

CO

Zip Code

80129-6960

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 ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Transaction ID: 2009M02L11AI01678

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Colonel Loyal L. Kelsey

Mailing Address 1501 Glenmere Blvd.

City

Greeley

State

CO

Zip Code

80631-5334

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Transaction ID: 2009M02L11AI01679

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 565 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara S. Wilcox

Mailing Address 83-500 Keawaiki Rd.

City

Captain Cook

State

HI

Zip Code

96704-8252

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01680

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jack Walker

Mailing Address 961 Lakeside Drive
Apartment 201

City

Grand Junction

State

CO

Zip Code

81506-2882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01681

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Todd A. Odom

Mailing Address 3528 Amherst Avenue

City

Dallas

State

TX

Zip Code

75225-7419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colon Rectal Associates
of Texas

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01682

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 566 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Shane Burden

Mailing Address 7702 Long Shadows Drive

City

Sugar Land

State

TX

Zip Code

77479-6483

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mundy Service Corporation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

01 / 21 / 2009

Transaction ID: 2009M02L11AI01683

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Aldo Ruffolo

Mailing Address 7 Pear Tree Court

City

Charleston

State

IL

Zip Code

61920-4415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 21 / 2009

Transaction ID: 2009M02L11AI01684

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mark & Jamie Brunette

Mailing Address 19518 Country Village Drive

City

Spring

State

TX

Zip Code

77388-3083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northside Plumbing Supply

Occupation

I.M.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 21 / 2009

Transaction ID: 2009M02L11AI01685

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 567 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Charles F. Wilner, Jr.

Mailing Address 1777 Center Groton Road

City

Ledyard

State

CT

Zip Code

06339-1603

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 ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01686

Amount of Each Receipt this Period

305.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark Grindley

Mailing Address 2015 Tremont Road

City

Columbus

State

OH

Zip Code

43221-4329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plaskolife, Inc.

Occupation
Vice President Of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01687

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Tom Kellogg

Mailing Address P. O. Box 2519

City

Greenwich

State

CT

Zip Code

06836

FEC ID number of contributing
federal political committee.

C

Name of Employer
W. R. Berkley Corporation

Occupation
Reinsurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01688

Amount of Each Receipt this Period

235.00

SUBTOTAL of Receipts This Page (optional)

790.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 568 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Nancy D. Pflueger

Mailing Address 5665 Kalaniana'ole Highway

City

Honolulu

State

HI

Zip Code

96821-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01689

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul Amedeo

Mailing Address 54 Horton Street

City

Rye

State

NY

Zip Code

10580-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

C.P.A.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01690

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Rev. John W. Hearty, Jr.

Mailing Address 142 Stonecypher Road

City

Lucedale

State

MS

Zip Code

39452-4742

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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01691

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 569 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Arthur G. Koelle

Mailing Address 4624 Bersaglio Street

City

Las Vegas

State

NV

Zip Code

89135-2470

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 ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01692

Amount of Each Receipt this Period

215.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michelle Godfrey

Mailing Address 1816 Pine Tree Lane

City

Mountain Home

State

AR

Zip Code

72653

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 2009M02L11AI01693

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Joseph Gentry

Mailing Address 405 Montclair Drive

City

Mount Airy

State

NC

Zip Code

27030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Haynes Strand and Company
PLlc

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01694

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

815.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 570 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Joseph Gentry

Mailing Address 405 Montclair Drive

City

Mount Airy

State

NC

Zip Code

27030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Haynes Strand and Company
PLC

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01695

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jack Brucker

Mailing Address 9221 E Via De Ventura

City

Scottsdale

State

AZ

Zip Code

85258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rural/Metro Corporation

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01696

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David J. Novotny

Mailing Address 397 E. Church Street

City

Elkhurst

State

IL

Zip Code

60126-3643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chittenden, Murday & Novotny L.L.C.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01697

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 571 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Wyzykowski

Mailing Address 214 Murcia Ct

City
DanvilleState
CAZip Code
94506-4606FEC ID number of contributing
federal political committee.**C**Name of Employer
Muir Orthopaedic Special-
istsOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01698

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kyle L McClung

Mailing Address 13115 Via Roma Court

City

Jacksonville

State

FL

Zip Code

32224

FEC ID number of contributing
federal political committee.**C**Name of Employer
Chartwell CapitalOccupation
Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01699

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bryan Cho

Mailing Address 400 East 84th Street
37B

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.**C**Name of Employer
RelatedOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01700

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 572 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Kayton

Mailing Address 1663 N. Crescent Heights Blvd.

City State Zip Code
Los Angeles CA 90069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ret.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01701

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Lawrence Talt

Mailing Address 150 Crocus Ave

City State Zip Code
Floral Park NY 11001-2538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tnt Liquidators

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01702

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. John E. Patton

Mailing Address 4401 Shallowford Road
Suite 162

City State Zip Code
Roswell GA 30075-3175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Layer 8, Inc.

Occupation
Software Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01703

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 573 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

David Kahn

Mailing Address 633 W. 5th St., Ste. 4000

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01704

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Kathy S. Johnson

Mailing Address 827 Country Lane

City

Houston

State

TX

Zip Code

77024

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01705

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Michelle Canning

Mailing Address 112 Five Mile River Road

City

Darien

State

CT

Zip Code

06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Designer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01706

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 574 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael J Laplant

Mailing Address 3622 Vineyard Ridge

City	State	Zip Code
Cincinnati	OH	45241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mlk Associates Inc.Occupation
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Transaction ID: 2009M02L11AI01707

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mariette Landwehr

Mailing Address 201 W. Lakeshore Dr.

City	State	Zip Code
Carriere	MS	39426

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Transaction ID: 2009M02L11AI01708

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Scott Dube

Mailing Address 1144 Safety Harbor Cove

City	State	Zip Code
Old Hickory	TN	37138

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Transaction ID: 2009M02L11AI01709

Amount of Each Receipt this Period

330.00

SUBTOTAL of Receipts This Page (optional)

955.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 575 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Craig Olschansky

Mailing Address 807 S Bemiston

City

Clayton

State

MO

Zip Code

63105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thompson Coburn Llp

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01710

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. John P. Middleton, Jr.

Mailing Address 343 Avon Road

City

Bryn Mawr

State

PA

Zip Code

19010-3655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Philadelphia Phillies

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01711

Amount of Each Receipt this Period

7500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Italo Zanzi

Mailing Address 12220 S.W. 91St Terrace

City

Miami

State

FL

Zip Code

33186

FEC ID number of contributing
federal political committee.

C

Name of Employer
CONCACAF Marketing & TV

Occupation
Sports Management Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01712

Amount of Each Receipt this Period

3750.00

SUBTOTAL of Receipts This Page (optional)

11500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 576 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Susan E. Bate

Mailing Address 20 Trenton Avenue

City
Ewing

State
NJ

Zip Code
08628-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Bloomberg L.P.

Occupation
 Research Asisst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01713

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Rawleigh Warner, Jr.

Mailing Address 24 Riverview Road

City

Hobe Sound

State

FL

Zip Code

33455-2324

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01714

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Richard C. Tufaro

Mailing Address 7109 Heathwood Court

City

Bethesda

State

MD

Zip Code

20817-2915

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01715

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 577 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard Wendorf

Mailing Address 173 Albert Lane

City

Port Charlotte

State

FL

Zip Code

33954-3705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Forsberg Construction Inc.Occupation
Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01716

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. John E. Wagner, Sr.

Mailing Address 129 Crabapple Circle

City

Lake Ozark

State

MO

Zip Code

65049-4822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wagner Industries, Inc.Occupation
Chairman & Ceo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01717

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. J. C. Egnew

Mailing Address P. O. Box 337

City

Stearns

State

KY

Zip Code

42647-0337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Outdoor Venture Corporati-
onOccupation
Businessman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01718

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 578 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert M. Zoch, Jr.

Mailing Address P.O. Box 248

City

Lincoln

State

TX

Zip Code

78948-0248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Engineer/Rancher

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01719

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. J. Adalberto Roig, Jr.

Mailing Address 1379 Paseo Don Juan

City

San Juan

State

PR

Zip Code

00907-1461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Antonio Roig Sucesores,
Inc.

Occupation

Chairman

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01720

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Vi Quoc Lam

Mailing Address 1450 W. Bahia Court

City

Gilbert

State

AZ

Zip Code

85233-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nail 8000 Waxing

Occupation

Nail Teacher

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01721

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 579 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Ruth C. Crawford

Mailing Address 9630 W. 41St Avenue

City

Wheat Ridge

State

CO

Zip Code

80033-4100

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Of Colorado

Occupation

I.T. Professional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01722

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert T. Martinet

Mailing Address 1069 E. Briarfield Drive

City

San Diego

State

CA

Zip Code

92109-5050

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01723

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Kenneth M. La Grande

Mailing Address P.O. Box 790

City

Williams

State

CA

Zip Code

95987-0790

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01724

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 580 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Miss Christina San Gregory

Mailing Address 169 2Nd Avenue

City

Tiffin

State

OH

Zip Code

44883-1322

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Home Fiffin
OhioOccupation
S.T.N.A.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01725

Amount of Each Receipt this Period

198.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Philip & Joan Clark

Mailing Address 7517 W. 15Th Street

City

Sioux Falls

State

SD

Zip Code

57106-7746

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01726

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. William H. Forster

Mailing Address P.O. Box 106

City

Gibson Island

State

MD

Zip Code

21056-0106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01727

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

748.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 581 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James A. Howard

Mailing Address 318 Waycliffe Drive N.

City

Wayzata

State

MN

Zip Code

55391-1390

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01728

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Carle E. Dahlstedt

Mailing Address 1143 Cenotaph Way

City

Colorado Springs

State

CO

Zip Code

80904-1704

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01729

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard M. Holloway

Mailing Address P.O. Box 13317

City

Springfield

State

IL

Zip Code

62791

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01730

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 582 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John B. Brock, III

Mailing Address 5603 Indian Circle

City

Houston

State

TX

Zip Code

77056-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01731

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Samuel J. Revak

Mailing Address 2491 Linwood Lane

City

Woodbridge

State

VA

Zip Code

22192-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
I.T.E.S.Occupation
Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01732

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Donald A. Wooley

Mailing Address 1419 N. Jenkins Drive

City

Oconomowoc

State

WI

Zip Code

53066-8722

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01733

Amount of Each Receipt this Period

205.00

SUBTOTAL of Receipts This Page (optional)

2305.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 583 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Donald H. Streett

Mailing Address 9012 Haverford Terrace Lane

City

Saint Louis

State

MO

Zip Code

63117-1050

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01734

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Rebecca L. McGarry

Mailing Address 3005 Shelton Way

City

Plano

State

TX

Zip Code

75093-5972

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unemployed

Occupation
None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01735

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald B. Wiser

Mailing Address 6100 Stadium Drive

City

Kalamazoo

State

MI

Zip Code

49009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Financial Planner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01736

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

1525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 584 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Joan Kelley

Mailing Address 1305 Shore Line Drive

City

Wichita Falls

State

TX

Zip Code

76308-5758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01737

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Don Bryant

Mailing Address 271 County Road 40

City

Muleshoe

State

TX

Zip Code

79347-5233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01738

Amount of Each Receipt this Period

360.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Mac Diarmid

Mailing Address P.O. Box 68

City

Charleston

State

WV

Zip Code

25321-0068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01739

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1460.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 585 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Mickey Pruitt

Mailing Address R.R. 1 Box 16

City

State

Zip Code

Ratliff City

OK

73481-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Oil & Gas Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01740

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David R. Ayres

Mailing Address 2700 Sarazen Drive

City

State

Zip Code

Plano

TX

75025-5161

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01741

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven H. Owen

Mailing Address 10428 Devin Lane

City

State

Zip Code

Hurst

TX

76053-7865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Securities

Occupation

C.F.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01742

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

2650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 586 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Sellers

Mailing Address P.O. Box 69

City

Lynn Haven

State

FL

Zip Code

32444-0069

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01743

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Sylvia Dawn Shultz Weakley

Mailing Address 107 Church Hill Road

City

Etlan

State

VA

Zip Code

22719-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01744

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alan D. Stadick

Mailing Address 1991 Woodlark Drive

City

Holland

State

MI

Zip Code

49424-7640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delta Sales Group, Inc.Occupation
Salesman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01745

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 587 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William E. Holcomb, Jr.

Mailing Address 1144 E. Wells Gate Drive

City

Oxford

State

MS

Zip Code

38655-5951

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 9

Transaction ID: 2009M02L11AI01746

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. C. W. Phillips

Mailing Address P.O. Box 10245

City

Corpus Christi

State

TX

Zip Code

78460-0245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Phillips, Inc.

Occupation
Rental Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 9

Transaction ID: 2009M02L11AI01747

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Joan Khan

Mailing Address 11550 N. W. 20Th Street

City

Plantation

State

FL

Zip Code

33323-2062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 9

Transaction ID: 2009M02L11AI01748

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 588 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Margie A. Head

Mailing Address 31014 County Road 388

City

Kersey

State

CO

Zip Code

80644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01749

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lewis Avery Gray

Mailing Address 821 Lake Forest Drive

City

Raleigh

State

NC

Zip Code

27615-5218

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01750

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bruce Corey

Mailing Address 11010 N. 77Th Street

City

Scottsdale

State

AZ

Zip Code

85260-5564

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01751

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 589 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Miss Thelma Schlapia

Mailing Address 737 Wade Road

City

Longmont

State

CO

Zip Code

80503-7019

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01752

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Mr. Willard L. Bishop

Mailing Address 3131 Fleur Drive
Unit 602

City

Des Moines

State

IA

Zip Code

50321-1741

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01753

Amount of Each Receipt this Period

280.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Herold

Mailing Address 401 E. Highway N.

City

Wentzville

State

MO

Zip Code

63385-5905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington U School Of Me-
dicin

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01754

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

590.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 590 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Marvin Cutson

Mailing Address 2791 Camden Road

City

Clearwater

State

FL

Zip Code

33759-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Lock & Supply Co-
mpany

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01755

Amount of Each Receipt this Period

245.00

B.

Full Name (Last, First, Middle Initial)

Mr. James F. Sullivan

Mailing Address 63 Quercus Circle

City

Little Rock

State

AR

Zip Code

72223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01756

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bruce T. Robinson

Mailing Address 18 N.W. 7Th Avenue

City

Galva

State

IL

Zip Code

61434-1263

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01757

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

795.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 591 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James A. Smith

Mailing Address 2562 Treasure Drive
 Apartment S4102

City State Zip Code
Santa Barbara CA 93105-4104

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01758

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Susan M. Duncan

Mailing Address 2651 S. Wadsworth Circle

City State Zip Code
Lakewood CO 80227-3225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01759

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. George Zumbro

Mailing Address 444 Northridge Circle

City State Zip Code
Evans GA 30809-4542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
M. D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01760

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

640.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 592 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry D. Leinweber

Mailing Address 1980 Tiverton Road

City

Bloomfield

State

MI

Zip Code

48304-2347

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Transaction ID: 2009M02L11AI01761

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Mr. Harry Pearson

Mailing Address 262 Clairmont Road

City

Sterrett

State

AL

Zip Code

35147-7012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Financial Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Transaction ID: 2009M02L11AI01762

Amount of Each Receipt this Period

550.00

C.

Full Name (Last, First, Middle Initial)

Mr. Harold W. Buirkle

Mailing Address 555 NW 4th Avenue
Apartment 409

City

Boca Raton

State

FL

Zip Code

33432-3675

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Transaction ID: 2009M02L11AI01763

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Steve Spiess

Mailing Address 26435 S. Cedar Road

City

Manhattan

State

IL

Zip Code

60442-9473

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steve Spiess Construction,
Inc

Occupation
Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01764

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. David C. Kelly

Mailing Address 704 Rock Spring Road

City

Naperville

State

IL

Zip Code

60565-4385

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01765

Amount of Each Receipt this Period

270.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas W. Sudberry, Jr.

Mailing Address 5465 Morehouse Drive
Suite 260

City

San Diego

State

CA

Zip Code

92121-4714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sudberry Properties

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01766

Amount of Each Receipt this Period

305.00

SUBTOTAL of Receipts This Page (optional)

795.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 594 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Jan M. & Ursula Chrobok

Mailing Address 641 Long Hill Rd

City

Gillette

State

NJ

Zip Code

07933-1319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01767

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. William H. Mc Namara

Mailing Address 4683 Tule Lake Drive

City

Littleton

State

CO

Zip Code

80123-2749

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01768

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Bohrer

Mailing Address P.O. Box 638

City

Rancho Santa Fe

State

CA

Zip Code

92067-0638

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01769

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 595 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Mitchell J. Mazurek

Mailing Address 1320 Cantigny Court

City

Chesterton

State

IN

Zip Code

46304-3475

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01770

Amount of Each Receipt this Period

245.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Carol B. Hunt

Mailing Address 93 Riggs Avenue

City

West Hartford

State

CT

Zip Code

06107-3034

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01771

Amount of Each Receipt this Period

330.00

C.

Full Name (Last, First, Middle Initial)

Mr. Reid T. Culberson

Mailing Address 4708 SE Mizner Place

City

Stuart

State

FL

Zip Code

34997-2173

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 ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01772

Amount of Each Receipt this Period

445.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Curtis D. Blanc

Mailing Address 7650 S. Reformatory Road

City

El Reno

State

OK

Zip Code

73036-9793

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-America C.H.R., Inc.

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01773

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Romasko

Mailing Address P.O. Box 219

City

East Helena

State

MT

Zip Code

59635-0219

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01774

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. Erving Henry Pangborn

Mailing Address 2018 Herbert Lane

City

Augusta

State

GA

Zip Code

30906-3656

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01775

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 597 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Lamar G. Reeves

Mailing Address 117 Wren Way

City

Greenville

State

SC

Zip Code

29605-5321

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01776

Amount of Each Receipt this Period

105.00

B.

Full Name (Last, First, Middle Initial)

Mr. Carl F. Bailey

Mailing Address 2850 Shook Hill Circle

City

Birmingham

State

AL

Zip Code

35223-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Business Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01777

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Barbara Linthicum

Mailing Address 11332 183Rd Place N.E.
Apartment J2031

City

Redmond

State

WA

Zip Code

98052-7289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Microsoft

Occupation
Graphics Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01778

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

705.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 598 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John D. & Elizabeth Rooks

Mailing Address 126 Lakeshore Road

City

Jackson

State

MS

Zip Code

39212-5692

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 ▼

250.00

Date of Receipt

01 / 22 / 2009

Transaction ID: 2009M02L11AI01779

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard Young, Jr.

Mailing Address 24831 North Pointe Place

City

Katy

State

TX

Zip Code

77494-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 22 / 2009

Transaction ID: 2009M02L11AI01780

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Ruggiero

Mailing Address 17 Harkim Road

City

Greenwich

State

CT

Zip Code

06831-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Builder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 22 / 2009

Transaction ID: 2009M02L11AI01781

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 599 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Fred J. Broderick

Mailing Address 22780 Mac Farlane Drive

City

Woodland Hills

State

CA

Zip Code

91364-1321

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01782

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dennis M. Vander Hook

Mailing Address 7556 Melba Avenue

City

West Hills

State

CA

Zip Code

91304-5361

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01783

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gary S. Froehlich

Mailing Address 47 Barbara Drive

City

Norwalk

State

CT

Zip Code

06851-5226

FEC ID number of contributing
federal political committee.

C

Name of Employer
G.D.C.M.

Occupation
LAN Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01784

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 600 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John Timothy Lawton

Mailing Address 8 Applegate Way

City

Ossining

State

NY

Zip Code

10562-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

C.P.A.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01785

Amount of Each Receipt this Period

605.00

B.

Full Name (Last, First, Middle Initial)

Julio Gomez

Mailing Address 12175 Jackson Creek Ln.

City

Brenham

State

TX

Zip Code

77833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Businessman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01786

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth Bays

Mailing Address 14332 Bolsa Chica Road

City

Westminster

State

CA

Zip Code

92683-4818

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01787

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

1130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 601 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

William & Judith Wolpert

Mailing Address 2280 Kohler Drive

City

Boulder

State

CO

Zip Code

80305-5247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cummins Rocky Mountain,
L.L.C.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01788

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Hays T. Watkins

Mailing Address 22 Lower Tuckahoe Rd. W.

City

Richmond

State

VA

Zip Code

23238-6108

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01789

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Carol G. Deane

Mailing Address 14 Walnut Street

City

Boston

State

MA

Zip Code

02108-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starrett City Associates

Occupation
Real Estate Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01790

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 602 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Samuel C. Gottshall

Mailing Address 16848 S.E. 85Th Sapelo Court

City State Zip Code
The Villages FL 32162-2841

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01791

Amount of Each Receipt this Period

245.00

B.

Full Name (Last, First, Middle Initial)

Mr. James H. Kraatz

Mailing Address 6354 Kolb Avenue

City State Zip Code
Allen Park MI 48101-2337

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01792

Amount of Each Receipt this Period

105.00

C.

Full Name (Last, First, Middle Initial)

Mr. John Orzechowski

Mailing Address 203 Beck Farm Road

City State Zip Code
Centreville MD 21617-2115

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01793

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 603 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Marion A. Askin, Jr.

Mailing Address 104 Cherry Point Drive

City State Zip Code
Yorktown VA 23692-3538

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Army

Occupation
Military Systems Integrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01794

Amount of Each Receipt this Period

255.00

B.

Full Name (Last, First, Middle Initial)

Ms. Teresa Alexander

Mailing Address 259 Farmington Drive

City State Zip Code
Lakeside Park KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01795

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Terry Itnyre

Mailing Address 15217 Terracedale Drive

City State Zip Code
La Mirada CA 90638-1220

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01796

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 604 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. David L. Schoewe

Mailing Address P.O. Box 2094

City

Brighton

State

MI

Zip Code

48116-5894

FEC ID number of contributing
federal political committee.

C

Name of Employer
N.S.K. CorporationOccupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	9	

Transaction ID: 2009M02L11AI01797

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Hollis W. Rademacher

Mailing Address 1719 Lowell Lane

City

Lake Forest

State

IL

Zip Code

60045-3784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	9	

Transaction ID: 2009M02L11AI01798

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Strain

Mailing Address 3818 Colony Woods Drive

City

Sugar Land

State

TX

Zip Code

77479-2843

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	9	

Transaction ID: 2009M02L11AI01799

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

970.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 605 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Blaine Comer

Mailing Address P. O. Box 39639

City

Downey

State

CA

Zip Code

90239-0639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Property Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01800

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Tiffany

Mailing Address 96 Lake Shore Drive

City

Corpus Christi

State

TX

Zip Code

78413-2634

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01801

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Ms. Shirley E. Reid Frahm

Mailing Address 1020 Fallen Leaf Road

City

Arcadia

State

CA

Zip Code

91006-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01802

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1235.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 606 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Horton C. Hinshaw

Mailing Address 1982 Deergrass Way

City

Carlsbad

State

CA

Zip Code

92009-8404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01803

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Martin Mittman

Mailing Address 945 E. Morton Hill Avenue

City

Porterville

State

CA

Zip Code

93257-4235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01804

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Derek S. Stimel

Mailing Address 4715 Springwood Way

City

Concord

State

CA

Zip Code

94521-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Menlo College

Occupation
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01805

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 607 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Thomas R. Swanson

Mailing Address 10885 N. 78Th Street

City

Scottsdale

State

AZ

Zip Code

85260-5587

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01806

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Josef Saniga

Mailing Address 42 Zane Court

City

Valparaiso

State

IN

Zip Code

46385-8902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cradel Investment Group

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01807

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Marvin O. Richter

Mailing Address 3801 Village View Drive
Apartment 1514

City

Gainesville

State

GA

Zip Code

30506-4338

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01808

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 608 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Sue C. Craig

Mailing Address 1509 Shafter Street

City

San Angelo

State

TX

Zip Code

76901-4664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01809

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Paul W. Mc Mullan

Mailing Address P.O. Box 16868

City

Hattiesburg

State

MS

Zip Code

39404-6868

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01810

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bruce R. Ohmart

Mailing Address 199 Long Rapids Road

City

Alpena

State

MI

Zip Code

49707-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01811

Amount of Each Receipt this Period

455.00

SUBTOTAL of Receipts This Page (optional)

1205.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 609 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Paul T. Miller, II

Mailing Address 250 U.S. Highway 46

City

Parsippany

State

NJ

Zip Code

07054-2313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01812

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Carolyn W. Shaffer

Mailing Address 2300 Fishing Creek Valley Road

City

Harrisburg

State

PA

Zip Code

17112-9249

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01813

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Mariette Landwehr

Mailing Address 201 W. Lakeshore Dr.

City

Carriere

State

MS

Zip Code

39426

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01814

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1210.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 610 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Shannon Enders

Mailing Address 5677 Westwood Dr.

City

Muskegon

State

MI

Zip Code

49441-5876

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeshore Employee Benefi-
ts

Occupation

Insurance Sales & Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	9	

Transaction ID: 2009M02L11AI01815

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gen. Louis C. Wagner, Jr.

Mailing Address 6336 Manchester Way

City

Alexandria

State

VA

Zip Code

22304-3534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	9	

Transaction ID: 2009M02L11AI01816

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph J Pruell

Mailing Address P.O.Box 431
6 Park Street

City

Norwood

State

MA

Zip Code

02062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pruell & Brady, Llp

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	9	

Transaction ID: 2009M02L11AI01817

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

970.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John S. Shivers, Sr.

Mailing Address P.O. Box 962020

City

Fort Worth

State

TX

Zip Code

76162-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Investments

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01818

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Maria Zarranz

Mailing Address 3610 S.W. 88Th Place

City

Miami

State

FL

Zip Code

33165-4374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Turning Point C.M.H.C.

Occupation

Mental Health Counselor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01819

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bennie G. Dibona

Mailing Address 4305 W. Watrous Avenue

City

Tampa

State

FL

Zip Code

33629-4916

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01820

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

2920.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 612 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Jay P. Dauphinais

Mailing Address P.O. Box 1930

City

Danville

State

CA

Zip Code

94526-0488

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Property Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01821

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Della

Mailing Address 20332 Avenue 176

City

Porterville

State

CA

Zip Code

93257-9271

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Dairy Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01822

Amount of Each Receipt this Period

440.00

C.

Full Name (Last, First, Middle Initial)

Augustine G. & Jacki Oruwari

Mailing Address 1208 S. 12Th Street

City

Mattoon

State

IL

Zip Code

61938-5741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Health Care Provider

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01823

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

1260.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 613 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Cyril Barbaccia

Mailing Address 5770 Harwood Lane

City

Los Gatos

State

CA

Zip Code

95032-5159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barbaccia Investments

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01824

Amount of Each Receipt this Period

1100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frank Christy

Mailing Address 1575 Henry Way

City

Petaluma

State

CA

Zip Code

94954-5465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01825

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Donald E. Goss

Mailing Address 4807 Johnson Avenue

City

Western Springs

State

IL

Zip Code

60558-1726

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 ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01826

Amount of Each Receipt this Period

410.00

SUBTOTAL of Receipts This Page (optional)

1760.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Patrick J. Allen

Mailing Address 1400 Ashland Avenue

City

River Forest

State

IL

Zip Code

60305-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Mormon Group, Inc.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01827

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. John P. Green, Jr.

Mailing Address 25 Meriam Street

City

Lexington

State

MA

Zip Code

02420-3617

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01828

Amount of Each Receipt this Period

330.00

C.

Full Name (Last, First, Middle Initial)

Mr. Guy Robinson

Mailing Address 27 Pepper Creek Way

City

Novato

State

CA

Zip Code

94947-2076

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01829

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 615 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Jane A. Morgan

Mailing Address 213 River Hills Court

City

McKinney

State

TX

Zip Code

75069-4218

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01830

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jack L. Roecks

Mailing Address 278 Summit Avenue

City

Mill Valley

State

CA

Zip Code

94941-4541

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01831

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jon M. Alexander

Mailing Address 71 Elmwood Lane

City

Lincolnshire

State

IL

Zip Code

60069-3116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skokie Valley Radiologists
SC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01832

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 616 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard B. Loynd

Mailing Address 19 Randall Drive

City

Short Hills

State

NJ

Zip Code

07078-1957

FEC ID number of contributing
federal political committee.

C

Name of Employer
Furniture Brands Internat-
ional

Occupation

Chairman/Executive Committee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Transaction ID: 2009M02L11AI01833

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Henry N. Mc Cluney

Mailing Address 271 Indian Harbor Road

City

Vero Beach

State

FL

Zip Code

32963-3508

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 ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Transaction ID: 2009M02L11AI01834

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms. Charlotte Conner

Mailing Address 14102 Highway 613

City

Lucedale

State

MS

Zip Code

39452-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Transaction ID: 2009M02L11AI01835

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 617 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Leslie F. Kotval

Mailing Address 3335 Clubview Terrace

City

Colorado Springs

State

CO

Zip Code

80906-4479

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01836

Amount of Each Receipt this Period

235.00

B.

Full Name (Last, First, Middle Initial)

Ms. Virginia G. Atterbury

Mailing Address 5601 S.W. Wilbur Avenue

City

Palm City

State

FL

Zip Code

34990-8364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01837

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles Edward Smith

Mailing Address 708 Carriage Lane

City

Merritt Island

State

FL

Zip Code

32952-4149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01838

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

955.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 618 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Dale Cowles

Mailing Address 3018 142Nd Place N.E.

City

Bellevue

State

WA

Zip Code

98007-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Transaction ID: 2009M02L11AI01839

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robin Harris

Mailing Address 5213 Harris Road

City

Richvale

State

CA

Zip Code

95974

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Transaction ID: 2009M02L11AI01840

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. G. N. Thompson

Mailing Address 6860 S.W. Winding Way

City

Corvallis

State

OR

Zip Code

97333-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Forester

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Transaction ID: 2009M02L11AI01841

Amount of Each Receipt this Period

245.00

SUBTOTAL of Receipts This Page (optional)

1245.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 619 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Roger Wagner

Mailing Address 1812 Wincanton Drive

City

Las Vegas

State

NV

Zip Code

89134-6171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mansel Gaming Llc

Occupation

Casino Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01842

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Milton G. Mitchell

Mailing Address 4924 Highway 21

City

Oshkosh

State

WI

Zip Code

54904-8815

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01843

Amount of Each Receipt this Period

205.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Carolyn Killefer

Mailing Address 1661 Pine Street

City

San Francisco

State

CA

Zip Code

94109-0401

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01844

Amount of Each Receipt this Period

340.00

SUBTOTAL of Receipts This Page (optional)

1045.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 620 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Coy D. Baggett, Jr.

Mailing Address P.O. Box 467

City

Clarksville

State

TN

Zip Code

37041-0467

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01845

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Dr. Tony Catanzaro

Mailing Address 425 Briarcliff Road

City

Gadsden

State

AL

Zip Code

35901-5713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gadsden Eye Associates

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01846

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. James B. Robinson

Mailing Address 1727 Auburndale Avenue

City

Chattanooga

State

TN

Zip Code

37405-2101

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01847

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 621 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Paul Decleva

Mailing Address 350 N. Sain Paul Street
Suite 1625

City State Zip Code
Dallas TX 75201-3114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01848

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Lila L. Correa

Mailing Address 5810 Cross Creek Circle

City State Zip Code
Tyler TX 75703-0506

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01849

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Melvin J. Koenigs

Mailing Address 8726 N. Ozark Avenue

City State Zip Code
Niles IL 60714-1930

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01850

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 622 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. & Mrs. John D. Lay

Mailing Address 284 Cobblestone Drive

City

Savannah

State

TN

Zip Code

38372-5002

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 ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01851

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)

Mr. Victor B. Tate, II

Mailing Address 4446 Bannock Drive

City

Bozeman

State

MT

Zip Code

59715-9303

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01852

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Erwin R Feyrer

Mailing Address 5734 N. Bernard Street

City

Chicago

State

IL

Zip Code

60659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L11AI01853

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 623 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Isabelle M. Walker

Mailing Address 2855 Carlsbad Boulevard
 Apartment A1309

City State Zip Code
 Carlsbad CA 92008

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01854

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. John N. Charnock, Jr.

Mailing Address P.O. Box 207
 523 Peoples Building

City State Zip Code
 Charleston WV 25321-0207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01855

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Diane Steuber

Mailing Address 3679 Nordstrom Lane

City State Zip Code
 Lafayette CA 94549-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01856

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 624 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James R. Lang

Mailing Address 24 Primrose Drive

City

Trumbull

State

CT

Zip Code

06611-5043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Magician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01857

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John Paul Klembeth

Mailing Address 1251 Swamp Road

City

Furlong

State

PA

Zip Code

18925-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01858

Amount of Each Receipt this Period

205.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lewis W. Lehr

Mailing Address 10040 E. Happy Valley Road
604

City

Scottsdale

State

AZ

Zip Code

85255-2304

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 ▼

2420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01859

Amount of Each Receipt this Period

2420.00

SUBTOTAL of Receipts This Page (optional)

3225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 625 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Carl A. Nau, Jr.

Mailing Address 43 E. State Avenue

City

Phoenix

State

AZ

Zip Code

85020-4840

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01860

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Joan R. Bolling

Mailing Address P.O. Box 4300

City

Wilmington

State

DE

Zip Code

19807-0300

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01861

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Alida Vande Bunte

Mailing Address 2479 Autumn Ash Drive S.E.

City

Grand Rapids

State

MI

Zip Code

49512-9109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01862

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1720.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 626 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Samuel J. Revak

Mailing Address 2491 Linwood Lane

City

Woodbridge

State

VA

Zip Code

22192-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
I.T.E.S.

Occupation
Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01863

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. John J. Healey

Mailing Address 1207 E. Columbia Avenue

City

Philadelphia

State

PA

Zip Code

19125-3934

FEC ID number of contributing
federal political committee.

C

Name of Employer
United States Dept. of Tr-
easury

Occupation
Policy Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L11AI01864

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dave Eckberg

Mailing Address 10912 Fieldstone Street

City

Denton

State

TX

Zip Code

76207-5618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ret.

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01865

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 627 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Jim & Benita Schumacher

Mailing Address P.O. Box 949

City

Mukilteo

State

WA

Zip Code

98275-0949

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Realestate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01866

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Jim & Benita Schumacher

Mailing Address P.O. Box 949

City

Mukilteo

State

WA

Zip Code

98275-0949

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Realestate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01867

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Walter Cooke

Mailing Address 26 Skyland Place

City

The Woodlands

State

TX

Zip Code

77381

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orgain, Bell & Tucker, L.-
L.P.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01868

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 628 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William L Schilling

Mailing Address 7 Willow Wood

City State Zip Code
 Dallas TX 75205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01869

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth & Nichol Medina

Mailing Address 518 W Old York Road

City State Zip Code
 Carlisle PA 17015-7504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Us Army

Occupation
Strategist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01870

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Stacey Zammit

Mailing Address 1792 Clovermeadow Dr

City State Zip Code
 Vienna VA 22182-1877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Extended Management

Occupation
Family Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01871

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 629 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Cindy Bullington

Mailing Address 417 Foxglove Ln

City

Indian Trail

State

NC

Zip Code

28079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bullington Construction,
Inc.

Occupation

Owner / Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01872

Amount of Each Receipt this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Donna Synnott

Mailing Address 326 Council Bluff Pkwy.

City

Murfreesboro

State

TN

Zip Code

37127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ret.

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01873

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. John C Studeny

Mailing Address 2611 Joann Ave

City

Bellevue

State

NE

Zip Code

68123

FEC ID number of contributing
federal political committee.

C

Name of Employer
U. S. Air Force

Occupation

Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01874

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 630 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ellen F Huntington

Mailing Address 3508 Stromberg Place

City

Amarillo

State

TX

Zip Code

79121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Graphic Equipment & Supply

Occupation

Bookkeeper/ Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01875

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James W Humrichouse

Mailing Address 8508 San Fernando Way

City

Dallas

State

TX

Zip Code

75218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vaca Industries, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01876

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. J. W. Wilhoit

Mailing Address 4424 East Valley Vista Lane

City

Paradise Valley

State

AZ

Zip Code

85253-4080

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01877

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 631 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Cora J Berkery

Mailing Address 29136 Murre Lane

City

Laguna Niguel

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prudential California Rea-
ltyOccupation
Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01878

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James S. Mulholland, Jr.

Mailing Address 1100 Beach Road
Apartment 3K

City

Vero Beach

State

FL

Zip Code

32963

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01879

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Donald Smith

Mailing Address RR 4 Box 123B

City

Charleston

State

WV

Zip Code

25312-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Us Army ReserveOccupation
Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01880

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 632 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Ijeoma N Esomonu

Mailing Address 16 Minaret Rd

City

Oakley

State

CA

Zip Code

94561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01881

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charels C. Boyd

Mailing Address 16 East 16th Street #500

City

Tulsa

State

OK

Zip Code

74119

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Boyd Group Inc.

Occupation
Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01882

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald C. Engel

Mailing Address 1198 Oak Bluff Court

City

Westerville

State

OH

Zip Code

43081-3222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01883

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 633 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Curt M. Selquist

Mailing Address 36 Clearview Road

City

Whitehouse Station

State

NJ

Zip Code

08889-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnson & Johnson

Occupation

Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	3	/	2	0	0	9

Transaction ID: 2009M02L11AI01884

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lanny H. Fisk

Mailing Address 5325 Elkhorn Blvd.
294

City

Sacramento

State

CA

Zip Code

95842-2526

FEC ID number of contributing
federal political committee.

C

Name of Employer
American River College

Occupation

Geological Consultant/College Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	3	/	2	0	0	9

Transaction ID: 2009M02L11AI01885

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lawrence Nason

Mailing Address 10650 Trenea Street
Suite 100

City

San Diego

State

CA

Zip Code

92131-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	3	/	2	0	0	9

Transaction ID: 2009M02L11AI01886

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 634 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Andre B. Lacy

Mailing Address 251 N. Illinois Street
Suite 1800

City State Zip Code
Indianapolis IN 46204

FEC ID number of contributing
federal political committee.

C

Name of Employer
L.D.I. Ltd.

Occupation
Chairman & C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01887

Amount of Each Receipt this Period

25000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Timothy R. Sams

Mailing Address 4745 Austin Trace

City State Zip Code
Zionsville IN 46077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01888

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Nancy E. Lyons

Mailing Address 580 Piedmont Street

City State Zip Code
Wilmington OH 45177-2521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinton County Law Library

Occupation
Law Librarian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01889

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

26800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 635 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Thomas & Barbara Hostetler

Mailing Address 4432 Mount Vernon Place

City

Decatur

State

IL

Zip Code

62521-8790

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01890

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Thomas L. Thomas

Mailing Address 23092 Shady Knoll Drive

City

Bonita Springs

State

FL

Zip Code

34135-2034

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01891

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. James H. Mc Manus, Jr.

Mailing Address 88 Chestnut Street

City

Weston

State

MA

Zip Code

02493-1533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Commercial Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01892

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 636 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Charles W. Lamar, III

Mailing Address 2885 S. Eugene Street

City

Baton Rouge

State

LA

Zip Code

70808-2212

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01893

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kent Plaster

Mailing Address 1100 N. Bittercreek Terrace

City

Mustang

State

OK

Zip Code

73064-9438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plaster & Weld Consulting

Occupation
Owner/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01894

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Barbara Y. Sipp

Mailing Address 3414 River Seine Street

City

Columbus

State

OH

Zip Code

43221-4778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01895

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

7750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 637 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Keyoumars Izadi

Mailing Address 117 Thornton Rd

City

Brownsville

State

PA

Zip Code

15417-9607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01896

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James F. Sipp

Mailing Address 3414 River Seine Street

City

Columbus

State

OH

Zip Code

43221-4778

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01897

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. J. Howard Stecker

Mailing Address 15 Mola Road

City

Norwalk

State

CT

Zip Code

06851-2517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Smart Business Advisory
& Consulting

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01898

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 638 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Ed Swendeman

Mailing Address 2 Cold Harbour Lane

City

Woodbury

State

NY

Zip Code

11797-2427

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01899

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Clarence V. Gordon

Mailing Address 8329 S. Langley Avenue

City

Chicago

State

IL

Zip Code

60619

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01900

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Pamela Bauter

Mailing Address 3480 Gs Richards Blvd.
Apartment 302

City

Carson City

State

NV

Zip Code

89703-8444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01901

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 639 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Laurence Sambado

Mailing Address 8077 N. Tully Road

City

Linden

State

CA

Zip Code

95236

FEC ID number of contributing
federal political committee.

C

Name of Employer
A. Sambado & Son, Inc.

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01902

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. James R. Dellinger, Jr.

Mailing Address P.O. Box 332

City

Cartersville

State

GA

Zip Code

30120-0332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dellinger Management Serv-
ice L.L.C.

Occupation
Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01903

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jonathan H. Bogaard

Mailing Address 1026 Hillside Road

City

Northbrook

State

IL

Zip Code

60062-4654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Velder Price

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01904

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 640 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Irving Seaman, Jr.

Mailing Address 666 N. Sheridan Road

City

Lake Forest

State

IL

Zip Code

60045-2341

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01905

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Peter R. Sawers

Mailing Address 2500 Indigo Lane

City

Glenview

State

IL

Zip Code

60026

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01906

Amount of Each Receipt this Period

245.00

C.

Full Name (Last, First, Middle Initial)

Mr. William L. Davis

Mailing Address 130 Woodley Road

City

Winnetka

State

IL

Zip Code

60093-3737

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01907

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1745.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 641 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. Keith N. Van Arsdalen

Mailing Address 454 Elm Avenue

City

Haddonfield

State

NJ

Zip Code

08033-2645

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Of Pennsylvania

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	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01908

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gary L. Pomeroy

Mailing Address 316 Anderson Avenue

City

Croswell

State

MI

Zip Code

48422-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Mortician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01909

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Cardone, Jr.

Mailing Address 5501 Whitaker Avenue

City

Philadelphia

State

PA

Zip Code

19124-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardone Industries, Inc.

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01910

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 642 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James G. Apple

Mailing Address 1004 Wending Way

City

Lewisburg

State

PA

Zip Code

17837-9520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Butter Krust Baking Compa-
ny

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01911

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James A. Progin

Mailing Address P.O. Box 85

City

Jackson

State

NH

Zip Code

03846-0085

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01912

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Ms. Annabel D. Arena

Mailing Address 220 Broadway

City

Hammonton

State

NJ

Zip Code

08037-1105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01913

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 643 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. M. Kathleen O'Malley

Mailing Address 801 N. Pitt Street
Apartment 1207

City	State	Zip Code
Alexandria	VA	22314-1783

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Environmental Protec-
tion AgencyOccupation
Program Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01914

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Banker

Mailing Address 1848 Campbell Drive

City	State	Zip Code
Pisgah Forest	NC	28768-8592

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01915

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms. Karon Hauch

Mailing Address 4200 Cameron Oaks Dr.

City	State	Zip Code
Charlotte	NC	28211-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Cancer Con.Occupation
R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01916

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 644 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Capt. & Mr Richards T. Miller

Mailing Address 7101 Bay Front Drive
 Apartment 316

City State Zip Code
 Annapolis MD 21403-3701

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01917

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Hiroshi Sakahara

Mailing Address 215 Scurry Pass

City State Zip Code
 Georgetown TX 78633-4929

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01918

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. William E. Schiesz

Mailing Address 5668 Chestnut Trce

City State Zip Code
 Birmingham AL 35244-4586

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01919

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 645 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Duane Ardell Clausen

Mailing Address 1535 S.W. Saint Andrews Drive

City

Palm City

State

FL

Zip Code

34990-2237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unemployed

Occupation
None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01920

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Donald & Phyllis Doyle

Mailing Address 6807 E. Valley Vista Lane

City

Paradise Valley

State

AZ

Zip Code

85253-5348

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01921

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. John H. Jordon

Mailing Address P.O. Box 330128

City

Houston

State

TX

Zip Code

77233-0128

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01922

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 646 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ronald J. & Lorene Lanting

Mailing Address P.O. Box 747

City
ChinoState
CAZip Code
91708-0747FEC ID number of contributing
federal political committee.**C**Name of Employer
Gardner Trucking, Inc.Occupation
Business Owner

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01923

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Suzanne Mc Farlane

Mailing Address 3907 Sidehill Path

City
AustinState
TXZip Code
78731-1417FEC ID number of contributing
federal political committee.**C**Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01924

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. Arnold J. Seidule

Mailing Address 410 Oak Drive

City

Lake Jackson

State

TX

Zip Code

77566-4217

FEC ID number of contributing
federal political committee.**C**Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01925

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 647 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Mary T. Derby

Mailing Address 407 W. University Avenue
Apartment 501City State Zip Code
Champaign IL 61820-8817FEC ID number of contributing
federal political committee.**C**Name of Employer
HomemakerOccupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01926

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Martha Adair

Mailing Address 400 Farrell Drive
Apartment 246City State Zip Code
Covington KY 41011-5133FEC ID number of contributing
federal political committee.**C**Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01927

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Laura J. Allen

Mailing Address 9924 Spirehaven Lane

City State Zip Code
Dallas TX 75238-3466FEC ID number of contributing
federal political committee.**C**Name of Employer
RequestedOccupation
Mediator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01928

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1495.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 648 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Brett Silver

Mailing Address 19 Great Hills

City

New Hope

State

PA

Zip Code

18938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ncb Management Services,
IncOccupation
Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01929

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. A. Dudley Hafl

Mailing Address 256 Trellis Lane

City

Middletown

State

DE

Zip Code

19709-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01930

Amount of Each Receipt this Period

460.00

C.

Full Name (Last, First, Middle Initial)

Mr. R. C. Meadows

Mailing Address 444 N. Shattuck Place

City

Orange

State

CA

Zip Code

92866-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01931

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1260.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 649 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Paul V. Kern

Mailing Address 4808 Moorland Lane
Apt. 810

City State Zip Code
Bethesda MD 20814-6140

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Department Of Commerce

Occupation
Economist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01932

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Veneranda H. Castaneda

Mailing Address 3329 S.W. 181St Terrace

City State Zip Code
Miramar FL 33029-1633

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01933

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Collier A. Campbell

Mailing Address 1035 Scott Drive
Apartment 330

City State Zip Code
Prescott AZ 86301-1779

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01934

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

820.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 650 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Charles C. Haffner

Mailing Address 1530 N. State Parkway

City
Chicago

State
IL

Zip Code
60610-8619

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01935

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Darin J. Tanner

Mailing Address P.O. Box 227
 11201 Fm 687

City
Stinnett

State
TX

Zip Code
79083

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Englobal Inspection

Occupation
 Welding Inspector

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01936

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard L. Knoebel

Mailing Address 206 Knoebels Blvd.

City
Elysburg

State
PA

Zip Code
17824-7125

FEC ID number of contributing
federal political committee.

C

Name of Employer
 H.H. Knoebel Sons, Inc.

Occupation
 Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01937

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 651 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Dyson

Mailing Address 55 Carroll Drive

City

Wappingers Falls

State

NY

Zip Code

12590-4821

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Express

Occupation

Certified Public Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01938

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Steven R. Miller

Mailing Address 4450 Hillside Court

City

Ann Arbor

State

MI

Zip Code

48105-2791

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01939

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Diane Nash Dillon

Mailing Address 9800 E. Bexhill Drive

City

Kensington

State

MD

Zip Code

20895-3223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L11AI01940

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 652 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Gerald Leglue

Mailing Address P.O. Box 7178

City

Alexandria

State

LA

Zip Code

71306-0178

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leglue Automotive, Inc.Occupation
Auto Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01941

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Albert J. Gross

Mailing Address 800 Southerly Road
Apartment 801

City

Towson

State

MD

Zip Code

21286-8416

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01942

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

Dr. John M. Hoffman

Mailing Address 2758 Eagle Heights Court

City

Bettendorf

State

IA

Zip Code

52722-6331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: 2009M02L11AI01943

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 653 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Sandra S. Colegrove

Mailing Address 4101 Reeds Lake Blvd. S.E.

City

East Grand Rapids

State

MI

Zip Code

49506-2424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Businesswoman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01944

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Corbin Mcneill

Mailing Address 525 N. West Ridge Road

City

Jackson

State

WY

Zip Code

83001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Na

Occupation

Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01945

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael D Lusk

Mailing Address 1375 Spyglass Lane

City

Naples

State

FL

Zip Code

34102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neuroscience & Spine Asso-
c.

Occupation

Neurosurgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01946

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 654 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Ponnambalam Muthiah

Mailing Address **3724 Langley Oaks Place**

City State Zip Code
Marietta GA 30067-4978

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI01947

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Mary P. Ransom

Mailing Address **1819 Yermo Place**

City State Zip Code
Fullerton CA 92833-1866

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI01948

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Wayne Hamilton Miller

Mailing Address **4829 29Th Street N.**

City State Zip Code
Arlington VA 22207-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer
 S.A.I.C.

Occupation
Software Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI01949

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 655 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Wilbur Burbage

Mailing Address 224 S. Plaza Court

City

Mount Pleasant

State

SC

Zip Code

29464-6302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01950

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charles A. Baxter

Mailing Address 609 5Th N.E. Ave.

City

Roseau

State

MN

Zip Code

56751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01951

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joan Fitzpatrick

Mailing Address 11765 Montgomery Road

City

Fredericktown

State

OH

Zip Code

43019-9449

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Of Ohio Department
Of Correction

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01952

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 656 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James R. Stelmach

Mailing Address 2625 E. Southern Avenue
Unit C270

City State Zip Code
Tempe AZ 85282-7656

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01953

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark Whitaker

Mailing Address 1238 U.S. Highway 59 N.

City State Zip Code
Carthage TX 75633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01954

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Avery Griffin

Mailing Address 71648 Maple St

City State Zip Code
Abita Springs LA 70420-3616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hamlin Griffin & Kohnke

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01955

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 657 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Anthony Nazzaro

Mailing Address 15127 Oak Chase Ct

City

Wellington

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Emergency Glass Serv-
ice I

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01956

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Mr. Theodore Showalter

Mailing Address P.O. Box 2283

City

Aptos

State

CA

Zip Code

95001-2283

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01957

Amount of Each Receipt this Period

550.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Lois Pardee

Mailing Address 1139 E. Carleton Avenue

City

Orange

State

CA

Zip Code

92867

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Of California City
Of Orange

Occupation
Court Reporter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01958

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

1060.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 658 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Anthony V. Leness

Mailing Address P.O. Box 669

City

Quogue

State

NY

Zip Code

11959-0669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01959

Amount of Each Receipt this Period

320.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mary E. Stone

Mailing Address 6028 Iron Horse Drive

City

Fort Worth

State

TX

Zip Code

76148-4015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital Medicine Associa-
tes

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01960

Amount of Each Receipt this Period

660.00

C.

Full Name (Last, First, Middle Initial)

Mr. Abdu Aghzafi

Mailing Address 113 St Edward Place

City

Palm Beach Gardens

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01961

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 659 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Henriette C Aghzafi

Mailing Address 113 St Edward Place

City

Palm Beach Gardens

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retiree

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01962

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. Peter Jones

Mailing Address 290 Shisler Court

City

Newark

State

DE

Zip Code

19702-1342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01963

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lamar G. Reeves

Mailing Address 117 Wren Way

City

Greenville

State

SC

Zip Code

29605-5321

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01964

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 660 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Guy R. Crane

Mailing Address 77 E. Walton Street
Suite 26C

City State Zip Code
Chicago IL 60611

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01965

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John B. Roddey

Mailing Address 12971 Highway 1

City State Zip Code
Oil City LA 71061-9122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roddey Engineering Services, L

Occupation
Ceo, Chem. Engineering Consult

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01966

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Mary J. Roddey

Mailing Address 12971 Highway 1

City State Zip Code
Oil City LA 71061-9122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heard, Mc Elroy & Vestal

Occupation
C.P.A.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01967

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 661 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Hagen Rodenhorst

Mailing Address P.O. Box 1659

City

Bandera

State

TX

Zip Code

78003-1659

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01968

Amount of Each Receipt this Period

245.00

B.

Full Name (Last, First, Middle Initial)

Mr. Vance Tyson

Mailing Address 4925 N.C. Highway 87 S.

City

Fayetteville

State

NC

Zip Code

28306-8819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01969

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Tracy, III

Mailing Address 5820 Northwest 84Th Avenue

City

Doral

State

FL

Zip Code

33166-3313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01970

Amount of Each Receipt this Period

1650.00

SUBTOTAL of Receipts This Page (optional)

2145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 662 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Kimberly Rachel

Mailing Address 793 Parks Road

City

Benton

State

LA

Zip Code

71006-9696

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

OIL PRODUCTION AND GAS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01971

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Adolphus B. Orthwein

Mailing Address 11397 Pond View Drive
Apartment E103

City

Wellington

State

FL

Zip Code

33414-6030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starbeam Supply Co.

Occupation

Electrical Supply

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01972

Amount of Each Receipt this Period

330.00

C.

Full Name (Last, First, Middle Initial)

Mr. David O Berryman

Mailing Address 3710 6th Avenue

City

Tacoma

State

WA

Zip Code

98406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goldmasters Precious Meta-
ls

Occupation

Precious Metals Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01973

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 663 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Lou L. Birney

Mailing Address 1625 East 32Nd Street
 #1

City State Zip Code
 Brooklyn NY 11234

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01974

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mr. John S. Bozik

Mailing Address 12 Annabelle Lane

City State Zip Code
 Florham Park NJ 07932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mitchell Supreme Inc.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01975

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Penfield Jarvis

Mailing Address 195 Bloomfield Avenue

City State Zip Code
 West Hartford CT 06117-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penco Corporation

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01976

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 664 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John H. Hoskins

Mailing Address 1504 E. Edgeewood Road

City

Sioux Falls

State

SD

Zip Code

57103-4533

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 ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01977

Amount of Each Receipt this Period

605.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Julia K. Dolinar

Mailing Address 6708 Hilldale Drive

City

Pittsburgh

State

PA

Zip Code

15236-3537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01978

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Rod & Wanda Malone

Mailing Address 10647 Floral Park Drive

City

Austin

State

TX

Zip Code

78759-5106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Retail Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01979

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 665 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Warren H. Chu

Mailing Address 551 Valley Road
P.M.B. 207

City State Zip Code
Montclair NJ 07043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Factory Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI01980

Amount of Each Receipt this Period

440.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard P. Seeger

Mailing Address 720 Greenwich Street
Apartment 10-A

City State Zip Code
New York NY 10014-2548

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 ▼

250.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI01981

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. T. Denis Jotcham

Mailing Address 2000 S. Ocean Drive
Apartment 1510

City State Zip Code
Fort Lauderdale FL 33316-3813

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 ▼

250.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI01982

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

940.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 666 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert M. Gordon, Jr.

Mailing Address Quaker Hollow Road

City	State	Zip Code
Sewickley	PA	15143

FEC ID number of contributing
federal political committee.**C**Name of Employer
Gordon Travel Services Co-
mpanyOccupation
Business Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	0	9

Transaction ID: 2009M02L11AI01983

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Oscar J. Le Jeune

Mailing Address 14711 Stoneburg Avenue

City	State	Zip Code
Baton Rouge	LA	70816-7207

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
Insurance Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	0	9

Transaction ID: 2009M02L11AI01984

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas R. Shepherd

Mailing Address P.O. Box 765

City	State	Zip Code
Hendersonville	NC	28793-0765

FEC ID number of contributing
federal political committee.**C**Name of Employer
T. Shepherd & Son, Inc.Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	0	9

Transaction ID: 2009M02L11AI01985

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1720.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 667 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John Good

Mailing Address 323 Bridgepoint Circle

City

Bossier City

State

LA

Zip Code

71111-8163

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stonebridge Development

Occupation

Land Surveyor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01986

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charles L. Hurst

Mailing Address 160 E. Bloomingdale Avenue

City

Brandon

State

FL

Zip Code

33511-8101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Insurance Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01987

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Codd

Mailing Address 126 Southarm Drive

City

Saint Louis

State

MO

Zip Code

63122-4658

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01988

Amount of Each Receipt this Period

245.00

SUBTOTAL of Receipts This Page (optional)

1495.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 668 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Melvin Lobo

Mailing Address 832 W. 23Rd Street

City

Merced

State

CA

Zip Code

95340-3612

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 ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01989

Amount of Each Receipt this Period

330.00

B.

Full Name (Last, First, Middle Initial)

Mr. Norman Giles

Mailing Address P.O. Box 1000

City

Ashland

State

KS

Zip Code

67831-8786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01990

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Verne Philips

Mailing Address P.O. Box 5970

City

Austin

State

TX

Zip Code

78763-5970

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01991

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

930.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 669 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John G. Manlove

Mailing Address 6839 Cedar Lawn Circle

City

Pasadena

State

TX

Zip Code

77505-4344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01992

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard M. Hoffmann

Mailing Address 4065 W. Eaglerock Drive

City

Wenatchee

State

WA

Zip Code

98801-9072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kassel Construction, Inc.

Occupation
General Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01993

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Jean A. Bozich

Mailing Address 7267 Ely Lake Drive

City

Eveleth

State

MN

Zip Code

55734-4007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01994

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 670 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Earl R. Lewis

Mailing Address 58 Ford Road

City

Sudbury

State

MA

Zip Code

01776-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flir Systems

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01995

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kurt D. Tipton

Mailing Address 687 Broadway

City

Rockwood

State

PA

Zip Code

15557-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockwood Casualty Company

Occupation
Insurance Underwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01996

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard S. Mitchell, III

Mailing Address 1136 Rural Avenue

City

Voorhees

State

NJ

Zip Code

08043-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI01997

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 671 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Warren H. Chu

Mailing Address 551 Valley Road
P.M.B. 207

City State Zip Code
Montclair NJ 07043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Factory Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI01998

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr. T. Sol Johnson

Mailing Address 2021 Eventide Road

City State Zip Code
Milton FL 32583-9529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI01999

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. Louis Aiese

Mailing Address 1502 Wishing Well Lane

City State Zip Code
Manasquan NJ 08736-2252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI02000

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 672 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John W. Nelson

Mailing Address 5305 77Th Street

City

Lubbock

State

TX

Zip Code

79424-2501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Investment Insurance Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02001

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Nancy Benson

Mailing Address 200 N. Ocean Boulevard

City

Delray Beach

State

FL

Zip Code

33483

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02002

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Ms. Jill Lindstedt

Mailing Address P.O. Box 122238

City

Chula Vista

State

CA

Zip Code

91912-6938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Mcdonald's Owner Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02003

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 673 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Peter D. Fleming

Mailing Address 1022 Route 211 W.

City

Middletown

State

NY

Zip Code

10940-7637

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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02004

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)

Ms. Patricia Younghanns

Mailing Address 401 Australian Avenue

City

Palm Beach

State

CA

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02005

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Leon May

Mailing Address 230 Ensworth Place

City

Nashville

State

TN

Zip Code

37205-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02006

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

860.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 674 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Glenda L Long

Mailing Address 101 East Main

City State Zip Code
Hydro OK 73048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Long & Associates, P. C.

Occupation
Cpa, cfp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02007

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Mr. David H. Street

Mailing Address 524 Silver Oak Grove

City State Zip Code
Colorado Springs CO 80906-8622

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02008

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ben W. Young

Mailing Address 9618 Broken Bow Road

City State Zip Code
Dallas TX 75238-2506

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02009

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 675 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John Q. O' Donnell

Mailing Address 1 N. Wacker Drive
Suite 2400

City State Zip Code
Chicago IL 60606-4654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02010

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Virginia C. Quirk

Mailing Address 7425 Pelican Bay Blvd.
Apartment 904

City State Zip Code
Naples FL 34108-8594

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02011

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Merville L. Warnock

Mailing Address 12236 Brompton Road

City State Zip Code
Carmel IN 46033-3363

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02012

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

1390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 676 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Christopher Flager

Mailing Address 2704 Debussy Ct

City

Tallahassee

State

FL

Zip Code

32308-5907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Law Redd Crona & Munree

Occupation
C.P.A.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02013

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Julia Fry

Mailing Address 998 21 1/2 Road

City

Grand Junction

State

CO

Zip Code

81505-9302

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02014

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. John R. Arwood

Mailing Address 12053 Royal Portrush Drive

City

Charlotte

State

NC

Zip Code

28277-9639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02015

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 677 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Ladene Schoen

Mailing Address 32341 Dover Avenue

City

Warren

State

MI

Zip Code

48088-6904

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02016

Amount of Each Receipt this Period

305.00

B.

Full Name (Last, First, Middle Initial)

Mr. Alex Woskob

Mailing Address 337 Mizner Lake Estates Drive

City

Boca Raton

State

FL

Zip Code

33432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02017

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kenneth & Dianne Rose

Mailing Address P.O. Box 606

City

Dakota City

State

NE

Zip Code

68731-0606

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02018

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

655.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 678 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel R. Archuleta

Mailing Address 611 Holmes Avenue N.E.

City

Huntsville

State

AL

Zip Code

35801-4146

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02019

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Rocco Pascucci

Mailing Address 24 Yellow Brook Road

City

Holmdel

State

NJ

Zip Code

07733-1968

FEC ID number of contributing
federal political committee.

C

Name of Employer
J.S. Bethany Pediatrics

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 Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02020

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Ruth E. Hooks

Mailing Address 1000 Pearce Drive

City

Mansfield

State

OH

Zip Code

44906-2934

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02021

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 679 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Kathleen N. Lamarche

Mailing Address 73 Janet Drive

City

Crawfordville

State

FL

Zip Code

32327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Author

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02022

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jamison J. Ashby

Mailing Address 31591 Via Quixote

City

San Juan Capistran

State

CA

Zip Code

92675-3335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Caremeridian

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02023

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. O' Keefe

Mailing Address 2340 4Th Avenue
Apartment 278

City

San Diego

State

CA

Zip Code

92101-1607

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 ▼

1455.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02024

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 680 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James B. Maddox

Mailing Address 5009 N. Eagle Branch Drive

City

Muncie

State

IN

Zip Code

47304-6090

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02025

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. E. C. Sherling, Jr.

Mailing Address P.O. Box 311450

City

Enterprise

State

AL

Zip Code

36331-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Ford Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02026

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Paul K. Andersen

Mailing Address 5920 Hibiscus Drive

City

Baton Rouge

State

LA

Zip Code

70808-8891

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02027

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 681 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. C. Richard Morrow

Mailing Address 1737 Highway 61

City

Wever

State

IA

Zip Code

52658-9554

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02028

Amount of Each Receipt this Period

255.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Gordon W. Stewart

Mailing Address P.O. Box 474

City

Sonora

State

TX

Zip Code

76950-0474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02029

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms. Alice T. Neel

Mailing Address 4106 Tarlac Drive

City

San Antonio

State

TX

Zip Code

78239-3072

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02030

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

405.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 682 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Carolyn W. Shafer

Mailing Address 2300 Fishing Creek Valley Road

City

Harrisburg

State

PA

Zip Code

17112-9249

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02031

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Mary J. Musial

Mailing Address 935 Montgomery Avenue

City

Ventura

State

CA

Zip Code

93004-2112

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02032

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Mr. Edward Ludloff

Mailing Address 6516 E. Rendina Street

City

Long Beach

State

CA

Zip Code

90815-4623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02033

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 683 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Kathryn J. Donner

Mailing Address 922 W. Harnett Street
P.O. Box 121

City State Zip Code
 Mascoutah IL 62258-0121

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02034

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jack P. Hoover

Mailing Address 3074 E. Saginaw Way

City State Zip Code
 Fresno CA 93726-4212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farming

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02035

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Duane E. Foulkes

Mailing Address 1412 Hiawatha Drive

City State Zip Code
 Beaver Dam WI 53916-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apache Holdings, Inc.

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02036

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 684 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert W. Broyles

Mailing Address P.O. Box 100744

City

Fort Worth

State

TX

Zip Code

76185-0744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Petroleum Geophysicist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Transaction ID: 2009M02L11AI02037

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Robert Nolan

Mailing Address 41 Cherry Gate Lane

City

Trumbull

State

CT

Zip Code

06611-4056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Transaction ID: 2009M02L11AI02038

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Gertrude Arnold

Mailing Address 1727 W. Hoppe Road

City

Unionville

State

MI

Zip Code

48767-9615

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 ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Transaction ID: 2009M02L11AI02039

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 685 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Nan Baker Wertman

Mailing Address 21 Eatons Ranch Road

City

Wolf

State

WY

Zip Code

82844-8402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI02040

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Mr. Wayne L. Simpson

Mailing Address 8716 Glenmora Drive

City

Shreveport

State

LA

Zip Code

71106-6233

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 ▼

300.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI02041

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Thelma Stewart

Mailing Address 1049 Bristol Avenue

City

Stockton

State

CA

Zip Code

95204-3005

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 ▼

500.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI02042

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 686 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Alejandro M. De Quesada

Mailing Address 4201 Bayshore Blvd.
Unit 1601

City State Zip Code
Tampa FL 33611

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02043

Amount of Each Receipt this Period

245.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mallappa Neelappa

Mailing Address 2275 S. Elks Lane

City State Zip Code
Yuma AZ 85364-6104

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02044

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sandra Wilkins

Mailing Address 19324 S.E. 29Th Street

City State Zip Code
Harrah OK 73045-6335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02045

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

970.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 687 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard G. Cruz

Mailing Address 1610 S. 31st Street
P.M.B. 132

City State Zip Code
Temple TX 76504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Real Estate Investment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02046

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Mr. William Herron

Mailing Address 5100 N. Wildrose Trail

City State Zip Code
Flagstaff AZ 86001-7853

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02047

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. J. Otis Carroll

Mailing Address 113 Logan Road

City State Zip Code
New Canaan CT 06840-2104

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02048

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 688 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Thomas & Susan Carruthers

Mailing Address 400 Oak Drive

City

Glendale

State

OH

Zip Code

45246-4716

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	0	9

Transaction ID: 2009M02L11AI02049

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Betty S. Gerland

Mailing Address 249 County Road 113

City

Alice

State

TX

Zip Code

78332-7602

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	0	9

Transaction ID: 2009M02L11AI02050

Amount of Each Receipt this Period

550.00

C.

Full Name (Last, First, Middle Initial)

Mr. Frank M. Swift

Mailing Address 12 Renegar Way
Apartment 220

City

Saint Simons Islan

State

GA

Zip Code

31522-8868

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	0	9

Transaction ID: 2009M02L11AI02051

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

1260.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 689 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Claire P. Greene

Mailing Address 34927 Fairview Road

City

Oconomowoc

State

WI

Zip Code

53066-3311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02052

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael E. Gabriel

Mailing Address 409 Carter Street

City

New Canaan

State

CT

Zip Code

06840-5013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02053

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stephen G. Ruby

Mailing Address 8 Todor Court

City

Burr Ridge

State

IL

Zip Code

60527-8390

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02054

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 690 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City

State College

State

PA

Zip Code

16803-1822

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02055

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Lord Randolph S. Taylor

Mailing Address 654 Pine Valley Court

City

Egg Harbor City

State

NJ

Zip Code

08215-5129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Absecon Mills, Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02056

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. John G. Corwin

Mailing Address 4449 Meandering Way

City

Tallahassee

State

FL

Zip Code

32308-5747

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02057

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 691 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Marvin Feuerman

Mailing Address 221 S. Figueroa Street

City

Los Angeles

State

CA

Zip Code

90012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02058

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lawrence Hardwicke

Mailing Address 1625 Westwood Drive

City

Abilene

State

TX

Zip Code

79603-4253

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02059

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Tonya H. Spivey

Mailing Address 1600 Fairway Drive

City

Vidalia

State

GA

Zip Code

30474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02060

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

755.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 692 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Bernard Poussot

Mailing Address 675 Church Road

City

Villanova

State

PA

Zip Code

19085-1108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wyeth

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02061

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Ms. Barbara E. Gulick

Mailing Address 10 Island Road

City

Stuart

State

FL

Zip Code

34996-7005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02062

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Luke Fichthorn, III

Mailing Address 2453 Alaquia Drive

City

Longwood

State

FL

Zip Code

32779-3124

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02063

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 693 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. M. Ray Kelly

Mailing Address 5403 Avenida Fiesta

City

La Jolla

State

CA

Zip Code

92037-7202

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02064

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms. Anna Chronis

Mailing Address 310 E. 55Th Street
Apartment 9E

City

New York

State

NY

Zip Code

10022-7159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02065

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ryan Taylor

Mailing Address 3327 S. Alpine Avenue

City

Sioux Falls

State

SD

Zip Code

57110-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cutler & Donahoe, L.L.P.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02066

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

940.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 694 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard K. Kruse, Jr.

Mailing Address 2524 Saint Anne Way

City

Dayton

State

OH

Zip Code

45458-3261

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02067

Amount of Each Receipt this Period

550.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Kirk

Mailing Address 102 Richwood Drive

City

Hattiesburg

State

MS

Zip Code

39402-2220

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02068

Amount of Each Receipt this Period

180.00

C.

Full Name (Last, First, Middle Initial)

James & Gloria C. Holsen

Mailing Address 705 10Th Street S.
Apartment 204

City

Naples

State

FL

Zip Code

34102-6717

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02069

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 695 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Potts

Mailing Address 150 Moorings Park Drive
 Apartment 207

City State Zip Code
 Naples FL 34105-2107

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02070

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Mary K. Fassel

Mailing Address 17755 Rosedown Place

City State Zip Code
 San Diego CA 92128-2085

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02071

Amount of Each Receipt this Period

180.00

C.

Full Name (Last, First, Middle Initial)

Dr. Wilson Horsley

Mailing Address 14 Evergreen Lane

City State Zip Code
 Andover MA 01810-4411

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02072

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

490.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 696 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Gary Dolbeare

Mailing Address 1151 Rutherford Ridge

City

O' Fallon

State

IL

Zip Code

62269-7018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Basler Electric Company

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02073

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kevin Roof

Mailing Address 1126 River Way

City

Spring Branch

State

TX

Zip Code

78070-5964

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Army

Occupation
Soldier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02074

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Peter B. Clark

Mailing Address 7675 La Jolla Blvd.
Unit 203

City

La Jolla

State

CA

Zip Code

92037-4747

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02075

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas Smolinski

Mailing Address 7708 Gingerbread Lane

City

Fairfax Station

State

VA

Zip Code

22039-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02076

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Meredith J. Tekell

Mailing Address 6 Broad Oaks Lane

City

Houston

State

TX

Zip Code

77056-1217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02077

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Linda L. Franklin

Mailing Address 1901 Gladewood Dr.

City

Midland

State

TX

Zip Code

79707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Domestic Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02078

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Eileen R. De Marest

Mailing Address 97 South Road

City

Bloomington

State

NJ

Zip Code

07403-1429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI02079

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Ms. Clarice Hunter

Mailing Address 423 Halsey Street
1st Floor

City

Brooklyn

State

NY

Zip Code

11233-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert & Flora Thoring &
Trucking, Inc

Occupation
Data Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI02080

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Marion T. Silliman

Mailing Address P.O. Box 3697

City

Wilmington

State

DE

Zip Code

19807-0697

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI02081

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1320.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 699 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Maria Teresa Regirer

Mailing Address 9 Roslyn Hills Drive

City

Richmond

State

VA

Zip Code

23229-7912

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02082

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brian Bayne

Mailing Address 4001 Bellefontaine Street

City

Houston

State

TX

Zip Code

77025-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ibm

Occupation
Sales Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02083

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard L. Landes

Mailing Address 5621 E. Corso Di Napoli

City

Long Beach

State

CA

Zip Code

90803-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02084

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 700 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Margaret Tomlinson

Mailing Address P.O. Box 181740

City

Coronado

State

CA

Zip Code

92178-1740

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02085

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Siri Eliason

Mailing Address 418 Villa Circle

City

Thousand Oaks

State

CA

Zip Code

91360-8408

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02086

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Veneranda H. Castaneda

Mailing Address 3329 S.W. 181St Terrace

City

Miramar

State

FL

Zip Code

33029-1633

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02087

Amount of Each Receipt this Period

180.00

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 701 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert O. Barton

Mailing Address 227 S. Broadway Street

City

Havana

State

IL

Zip Code

62644-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Transaction ID: 2009M02L11AI02088

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Myotte

Mailing Address 11383 Somerset Trail

City

Concord

State

OH

Zip Code

44077

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Transaction ID: 2009M02L11AI02089

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard D. Slettedahl

Mailing Address P.O. Box 1792

City

El Cerrito

State

CA

Zip Code

94530

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Transaction ID: 2009M02L11AI02090

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Renee Omev Lambert

Mailing Address 108 Novara Trail

City State Zip Code
Madison MS 39110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02091

Amount of Each Receipt this Period

240.00

B.

Full Name (Last, First, Middle Initial)

Mr. Carl D. Engel

Mailing Address 131 Steeplechurch Court

City State Zip Code
Huntsville AL 35806-4073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qualis Corporation

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02092

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Ms. Nancy Zang

Mailing Address 29 Bosley Oaks

City State Zip Code
Nashville TN 37205-5008

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02093

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Col. James B. Randels

Mailing Address 901 Shalimar Cove

City

Shalimar

State

FL

Zip Code

32579-1666

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02094

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jack W. Smith

Mailing Address P.O. Box 897

City

Orland Park

State

IL

Zip Code

60462-0897

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02095

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Colette O. Pollock

Mailing Address 1500 N. Lake Shore Drive

City

Chicago

State

IL

Zip Code

60610-6686

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02096

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 704 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Carter

Mailing Address 1865 Sandy Point Road

City

Knoxville

State

GA

Zip Code

31050-2657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

President / Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02097

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Mr. James B. Robinson

Mailing Address 1727 Auburndale Avenue

City

Chattanooga

State

TN

Zip Code

37405-2101

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02098

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Wayne Washington

Mailing Address 2301 Country Club Road

City

Tupelo

State

MS

Zip Code

38804-1103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Easy Finance

Occupation

Insurance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02099

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 705 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Rev. Charles Day

Mailing Address 134 Bumble Circle

City

Mauldin

State

SC

Zip Code

29662-2597

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02100

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert W. Myers

Mailing Address 528 County Road 53

City

Center

State

CO

Zip Code

81125-9404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02101

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bernard E. Tofany

Mailing Address 100 Hahnemann Trail
Apartment 211

City

Pittsford

State

NY

Zip Code

14534-2351

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02102

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 706 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David C. Malpass

Mailing Address 21330 N. Coburg Road

City

Harrisburg

State

OR

Zip Code

97446-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02103

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald G. Woodall

Mailing Address 5230 Braesvalley Drive

City

Houston

State

TX

Zip Code

77096-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Refrigerated Foods

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02104

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert R. Aune

Mailing Address 1 Michael Road

City

Stuart

State

FL

Zip Code

34996-6613

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02105

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 707 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Ann E. Warren

Mailing Address 1721 Brandon Woods Drive

City

Lawrence

State

KS

Zip Code

66047-2080

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02106

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. L. W. Hanson

Mailing Address 4992 Hunting Hills Circle

City

Roanoke

State

VA

Zip Code

24018-3879

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02107

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Mr. James M. Handy, Jr.

Mailing Address 608 Westbourne Road

City

West Chester

State

PA

Zip Code

19382-7419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chalmers & Kubock, Inc.

Occupation

Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02108

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 708 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Syd Hamilton

Mailing Address 32303 Blue Rock Ridge

City

Westlake Village

State

CA

Zip Code

91361-3912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Auto Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02109

Amount of Each Receipt this Period

270.00

B.

Full Name (Last, First, Middle Initial)

Ms. Barbara Trueman

Mailing Address 5490 Hayden Run Road

City

Hilliard

State

OH

Zip Code

43026-7789

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02110

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Millicent Muriel Mishkin

Mailing Address 27010 Grand Central Parkway
Apartment 11G

City

Floral Park

State

NY

Zip Code

11005-1111

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02111

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

895.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 709 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Mary Huntley

Mailing Address 104 Milwaukee Avenue

City

Orange Park

State

FL

Zip Code

32073-5663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02112

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert T. Isham

Mailing Address 335 Hot Springs Road

City

Santa Barbara

State

CA

Zip Code

93108-2009

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02113

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Wayne H. Robertson

Mailing Address P.O. Box 100

City

Elkhart

State

KS

Zip Code

67950-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02114

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 710 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert Howard

Mailing Address 355 Fairview Street

City

Danville

State

CA

Zip Code

94506-6171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chevron Corp

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02115

Amount of Each Receipt this Period

480.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert B. Cross

Mailing Address 99 Cross Lane

City

Moorefield

State

WV

Zip Code

26836-8355

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02116

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lewis R. Armstrong

Mailing Address 2001 N.W. 93Rd Avenue

City

Miami

State

FL

Zip Code

33172-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Armstrong Export, Inc.

Occupation
President / C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02117

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

855.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 711 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Henry H. Mauz, Jr.

Mailing Address 1608 Viscaino Road

City

Pebble Beach

State

CA

Zip Code

93953-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Transaction ID: 2009M02L11AI02118

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Warren G. Keinath, Jr.

Mailing Address 12342 Creekhaven Drive

City

Saint Louis

State

MO

Zip Code

63131-3825

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Transaction ID: 2009M02L11AI02119

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Leslie Scales

Mailing Address 2905 River Road Extended

City

Greenwood

State

MS

Zip Code

38930

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Transaction ID: 2009M02L11AI02120

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 712 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Philip D. Griffith

Mailing Address 3097 E. Warm Springs Road
Suite 100

City State Zip Code
Las Vegas NV 89120-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fitzgeralds Gaming Corpor-
ation

Occupation
President & C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI02121

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dan Corrigan

Mailing Address 7150 20Th Street
Suite E.

City State Zip Code
Vero Beach FL 32966-8805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI02122

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Michael J. & Barbara Kopec

Mailing Address 8 Otter Creek Road

City State Zip Code
Skillman NJ 08558-2364

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 ▼

250.00

Date of Receipt

01 / 26 / 2009

Transaction ID: 2009M02L11AI02123

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 713 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Silvio J. Foppoli

Mailing Address 52 Locksly Lane

City

San Rafael

State

CA

Zip Code

94901-2427

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02124

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Alan E. Berlin

Mailing Address P.O. Box 5588

City

Beverly Hills

State

CA

Zip Code

90209-5588

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jules Berlin Agency

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02125

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Irene De Vivo

Mailing Address 332 Edgewood Road

City

Kensington

State

CT

Zip Code

06037-3408

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 ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02126

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 714 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Steinkamp

Mailing Address P. O. Box 98

City

Rochester

State

VT

Zip Code

05767-0098

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02127

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Jeanne D. Brown

Mailing Address 1008 Crestview Drive

City

Millbrae

State

CA

Zip Code

94030-1035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02128

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Ms. Suzanne Kelly

Mailing Address 526 W. Vista Avenue

City

Phoenix

State

AZ

Zip Code

85021

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02129

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

1370.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 715 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Constance Worcester

Mailing Address 6 Steeples Road

City

Washington Depot

State

CT

Zip Code

06794-1410

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02130

Amount of Each Receipt this Period

205.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Susan F. Struble

Mailing Address 1015 Fox Hill Road

City

State College

State

PA

Zip Code

16803-1822

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 ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02131

Amount of Each Receipt this Period

305.00

C.

Full Name (Last, First, Middle Initial)

Mr. Peter D. Fleming

Mailing Address 1022 Route 211 W.

City

Middletown

State

NY

Zip Code

10940-7637

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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02132

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

610.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 716 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Sally T. Bethea

Mailing Address 2100 Twin Church Road
Unit 68

City State Zip Code
Florence SC 29501-8286

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02133

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. James M. Erickson

Mailing Address P.O. Box 25907

City State Zip Code
Fayetteville NC 28314-5015

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02134

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Curt Raymond

Mailing Address 4258 Commodore Drive

City State Zip Code
Erie PA 16505-5451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02135

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 717 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Walter L. Groves

Mailing Address 4700 W. 13Th Street N.
 Apartment 5-6

City State Zip Code
Wichita KS 67212-1879

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02136

Amount of Each Receipt this Period

115.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Carol I. Taylor

Mailing Address 6414 Green Thumb Drive

City State Zip Code
San Antonio TX 78233-3903

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 ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02137

Amount of Each Receipt this Period

490.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Josephine W. Weltmer

Mailing Address 734 W. Solana Circle

City State Zip Code
Solana Beach CA 92075-2358

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02138

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 718 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Theodore Yuhas

Mailing Address 115 Camelot Lane

City

Newtown Square

State

PA

Zip Code

19073-4412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Veterinarian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02139

Amount of Each Receipt this Period

330.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Mary J. Musial

Mailing Address 935 Montgomery Avenue

City

Ventura

State

CA

Zip Code

93004-2112

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02140

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Frank Rodgers

Mailing Address 2200 Sunset Point

City

Discovery Bay

State

CA

Zip Code

94505-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
F. Roger Specialty Contra-
ctor, Inc.

Occupation
Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02141

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1480.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 719 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Edward J. Mitchell

Mailing Address 755 Mara Drive

City

Blue Bell

State

PA

Zip Code

19422-1328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Screen Gems Inc.

Occupation
Salesman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02142

Amount of Each Receipt this Period

270.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Maher

Mailing Address 23 Gemmur Lane

City

Bellingham

State

MA

Zip Code

02019-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Putnam Investments

Occupation
Researcher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: 2009M02L11AI02143

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Maxwell P Barret

Mailing Address 761 Cooper Dr

City

Lexington

State

KY

Zip Code

40502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02144

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

820.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 720 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Karen Rowan

Mailing Address 7510 15 A Pinville Mathews R

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pet Essentials

Occupation
 Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02145

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph E Farrell

Mailing Address 1512 SE 11 St

City State Zip Code
Fort Lauderdale FL 33316

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Resolve Marine Group

Occupation
 Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02146

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Jeannette R. Brown

Mailing Address 5908 Searl Terrace

City State Zip Code
Bethesda MD 20816-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Homemaker

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02147

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

970.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 721 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Ann Shoenhair

Mailing Address 4437 N. 46th Place

City

Phoenix

State

AZ

Zip Code

85018-2901

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02148

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Benjamin Webb

Mailing Address 4207 Albans

City

Houston

State

TX

Zip Code

77005-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Webb, Shannon & Haas, Llc

Occupation
Oil & Gas Landman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02149

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Rick Butler

Mailing Address 2433 Glenford

City

Aurora

State

IL

Zip Code

60502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glv Inc.

Occupation
Athletic Facility

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02150

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 722 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Darrell Ifft

Mailing Address 32186 E. 2700 North Rd.

City

Chenoa

State

IL

Zip Code

61726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairbury Fastener & Supply

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02151

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Gloria Bolanos

Mailing Address 19364 Stonebrook Street

City

Weston

State

FL

Zip Code

33332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02152

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph Farber

Mailing Address 9777 Queens Blvd.

City

Rego Park

State

NY

Zip Code

11374-3300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02153

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 723 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Doyung Lee

Mailing Address 5815 Governors View Lane

City

Alexandria

State

VA

Zip Code

22310-2356

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02154

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Ada A. Strassenburgh

Mailing Address P.O. Box 608

City

Ocean View

State

NJ

Zip Code

08230-0281

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02155

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. David R. Cohen

Mailing Address 9779 Bent Grass Bend

City

Naples

State

FL

Zip Code

34108-1933

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02156

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 724 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Gerald P. Stadler

Mailing Address 11965 E. Larkspur Drive

City

Scottsdale

State

AZ

Zip Code

85259-2722

FEC ID number of contributing
federal political committee.

C

Name of Employer
S. & M. Moving Systems

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02157

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Holly Peterson Breeden

Mailing Address 117 Beverly Road

City

West Palm Beach

State

FL

Zip Code

33405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02158

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. John Somarakis

Mailing Address P.O. Box 2069

City

Vancouver

State

WA

Zip Code

98668-2069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02159

Amount of Each Receipt this Period

675.00

SUBTOTAL of Receipts This Page (optional)

2675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 725 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Bauer

Mailing Address 2 Commonwealth Avenue

City

Newburgh

State

NY

Zip Code

12550-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Alloys Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02160

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lacy B. Herrmann

Mailing Address 3310 Kendal Way

City

Sleepy Hollow

State

NY

Zip Code

10591-1066

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02161

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. James J. Shea, Jr.

Mailing Address 70168 Sonora Rd

City

Rancho Mirage

State

CA

Zip Code

92270-3431

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02162

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 726 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Andrew W. Edmonds

Mailing Address P.O. Box 644000

City

Vero Beach

State

FL

Zip Code

32964-4000

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02163

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Walter E. Phiher

Mailing Address 19 Fairview Place

City

Brooklyn

State

NY

Zip Code

11226-4215

FEC ID number of contributing
federal political committee.

C

Name of Employer
U. S. Postal Service

Occupation
Distribution Clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02164

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Donald P. Luning

Mailing Address 1500 Atlantic Boulevard
Apartment 403

City

Key West

State

FL

Zip Code

33040-5075

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02165

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 727 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Theodore J. Theodore

Mailing Address 2454 East Dempster Street
Room 202

City State Zip Code
Des Plaines IL 60016-5318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02166

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jonathan Farkas

Mailing Address 52 E. 72nd Street
8th Floor

City State Zip Code
New York NY 10021

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02167

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Cole W. Litton

Mailing Address 4723 Sheller Avenue

City State Zip Code
Dayton OH 45432-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02168

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 728 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James F. Rill

Mailing Address 7305 Masters Drive

City

Potomac

State

MD

Zip Code

20854-3850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Howrey L.L.P.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02169

Amount of Each Receipt this Period

1050.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Robert V. Call, Jr.

Mailing Address 6661 Fisher Road

City

Oakfield

State

NY

Zip Code

14125-9419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02170

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Irvin Stuart Garlington

Mailing Address 23613 Kingston Shores Lane

City

California

State

MD

Zip Code

20619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Home Builder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02171

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 729 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Lorena M. Jaeb

Mailing Address P.O. Box 428

City

Mango

State

FL

Zip Code

33550-0428

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02172

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charles H. Carlan

Mailing Address 3420 Oakmont Drive

City

Pensacola

State

FL

Zip Code

32503-6900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hatch Mott Macdonald

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02173

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Hombach

Mailing Address 126 Homewood Avenue

City

Libertyville

State

IL

Zip Code

60048-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
Corporate Vice President & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02174

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 730 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Mr. Bryan C. Birkeland

Mailing Address 901 Main Street
 Suite 6000

City State Zip Code
 Dallas TX 75202

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Jackson Walker Llp

Occupation
 Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02175

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
 Ms. Ruth C. Crawford

Mailing Address 9630 W. 41st Avenue

City State Zip Code
 Wheat Ridge CO 80033-4100

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 State Of Colorado

Occupation
 I.T. Professional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02176

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)
 Ms. Christina B. Larson

Mailing Address 346 La Salle Road

City State Zip Code
 Goleta CA 93117

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02177

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 731 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Peter J Travers

Mailing Address 47 Hulfish Street
#330City State Zip Code
Princeton NJ 08542-3736FEC ID number of contributing
federal political committee.**C**Name of Employer
Chase Field LlcOccupation
Banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	0	9

Transaction ID: 2009M02L11AI02178

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Rolf E. Larsson

Mailing Address 211 W. Oak Street
Apartment 721City State Zip Code
Louisville KY 40203-2871FEC ID number of contributing
federal political committee.**C**Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	0	9

Transaction ID: 2009M02L11AI02179

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Peter Treyer

Mailing Address 2432 Oak Avenue

City State Zip Code
Northbrook IL 60062-5222FEC ID number of contributing
federal political committee.**C**Name of Employer
Sterling Fire Restoration,
Ltd.Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	0	9

Transaction ID: 2009M02L11AI02180

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 732 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Mr. Evetts Haley, Jr.

Mailing Address P.O. Box 2515

City State Zip Code
Midland TX 79702-2515

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02181

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
 Mrs. Frances W. O' Hornett

Mailing Address 2300 Riverside Drive

City State Zip Code
Tulsa OK 74114

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Homemaker

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02182

Amount of Each Receipt this Period

165.00

C.

Full Name (Last, First, Middle Initial)
 Mr. John S. Somerville, Jr.

Mailing Address 174 Buttonwood Drive

City State Zip Code
Fair Haven NJ 07704-3632

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02183

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

815.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 733 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Virginia D. Long

Mailing Address 22946 Espada Drive

City

Salinas

State

CA

Zip Code

93908-1015

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02184

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas K. Reed, Jr.

Mailing Address 1070 Mansion Ridge Road

City

Santa Fe

State

NM

Zip Code

87501-1050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02185

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. David F. Felsburg

Mailing Address 2902 Hampton Place Court

City

Plant City

State

FL

Zip Code

33566

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paloma Systems, Inc.

Occupation
Executive Engineer / Small Business Ow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02186

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 734 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Robert J. Boland

Mailing Address 1406 Washington Avenue

City

Pascagoula

State

MS

Zip Code

39567-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pavco Industries, Inc.

Occupation
C. E. O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02187

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Henry Smek

Mailing Address 1455 Ocean Drive
Apartment 805

City

Miami Beach

State

FL

Zip Code

33139-4139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02188

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas Hwang

Mailing Address 300 Cherry Street

City

Waverly

State

OH

Zip Code

45690-1238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investment Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02189

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 735 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Edward Y. Chapin, III

Mailing Address P.O. Box 175

City

Lookout Mountain

State

TN

Zip Code

37350-0175

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02190

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Sunderland

Mailing Address 953 Pyrite Avenue

City

Henderson

State

NV

Zip Code

89011

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02191

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Waldemar Dzierzanowski

Mailing Address 10361 Franklin Avenue

City

Franklin Park

State

IL

Zip Code

60131-1542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Vintage Auto Body

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02192

Amount of Each Receipt this Period

545.00

SUBTOTAL of Receipts This Page (optional)

1145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 736 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Jay H. Lutz

Mailing Address 30 N. 13th Street

City

Columbia

State

PA

Zip Code

17512-1372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jay H. Lutz & Company, In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02193

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Joan Kelly Nebel

Mailing Address 660 Lambert Avenue

City

Flagler Beach

State

FL

Zip Code

32136-3213

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02194

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Roger B. Irwin

Mailing Address 233 Avon Drive

City

Carlisle

State

PA

Zip Code

17013-4451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02195

Amount of Each Receipt this Period

305.00

SUBTOTAL of Receipts This Page (optional)

655.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 737 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Mr. E. Haas Gallaway, Jr.

Mailing Address P.O. Box 502

City State Zip Code
Basking Ridge NJ 07920-0502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Funeral Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02196

Amount of Each Receipt this Period

605.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Gary R. Sirotak

Mailing Address 8 Fairview Avenue

City State Zip Code
Secaucus NJ 07094-3807

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02197

Amount of Each Receipt this Period

270.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Richard S. Toon, Sr.

Mailing Address 14800 E. 45Th Street N.

City State Zip Code
Wichita KS 67228

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02198

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 738 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Caroline Geiler Rush

Mailing Address 26 Faulkner Court

City

Ventura

State

CA

Zip Code

93003-5510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wiggins Lift

Occupation
Receptionist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02199

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Arnold E. Lyon

Mailing Address P.O. Box 5166

City

Auburn

State

CA

Zip Code

95604-5166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02200

Amount of Each Receipt this Period

230.00

C.

Full Name (Last, First, Middle Initial)

Ms. Kathleen Fisk

Mailing Address 1459 Mecaslin Street Nw
Apartment 5213

City

Atlanta

State

GA

Zip Code

30309-2282

FEC ID number of contributing
federal political committee.

C

Name of Employer
Railcar Management Llc

Occupation
Training and Support Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02201

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

530.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 739 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William Turner

Mailing Address 1919 Garrard Street
 Lot 7

City State Zip Code
Columbus GA 31906-1183

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02202

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Arthur E. Shepard

Mailing Address 2245 Northbank Drive

City State Zip Code
Columbus OH 43220-5422

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02203

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ted L. Shannon

Mailing Address 3803 Case Street

City State Zip Code
Houston TX 77005-3601

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02204

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 740 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Lowell G. Raun

Mailing Address 2706 Hutchins Lane

City

El Campo

State

TX

Zip Code

77437-2161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02205

Amount of Each Receipt this Period

245.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Barbara Phillips

Mailing Address 260 Manzanita Way
Suite 400-161

City

Woodside

State

CA

Zip Code

94062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02206

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. R. D. Teubner

Mailing Address 2738 East 51st Street
Suite 400

City

Tulsa

State

OK

Zip Code

74105-6227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02207

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

995.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 741 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Lynn Gayden

Mailing Address 807 Shady Grove

City

Memphis

State

TN

Zip Code

38120-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	9

Transaction ID: 2009M02L11AI02208

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Cheryl Kelly

Mailing Address 3735 S. Old Ridge Court

City

Columbia

State

MO

Zip Code

65203-9542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	9

Transaction ID: 2009M02L11AI02209

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Gaye B. Cox

Mailing Address 1226 Breneman Road

City

Conestoga

State

PA

Zip Code

17516-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Sally Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	9

Transaction ID: 2009M02L11AI02210

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 742 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Ron C Mabee

Mailing Address P.O. Box 40370

City

Houaton

State

TX

Zip Code

77240

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02211

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Charles Carlson

Mailing Address 1311 Victorian Way

City

Eugene

State

OR

Zip Code

97401-7020

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02212

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Virginia C. Quirk

Mailing Address 7425 Pelican Bay Blvd.
Apartment 904

City

Naples

State

FL

Zip Code

34108-8594

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02213

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 743 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. R. H. Glantz

Mailing Address 5351 S.E. Burning Tree Circle

City

Stuart

State

FL

Zip Code

34997-8034

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02214

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard K. Ingolia

Mailing Address 4909 Haring Court

City

Metairie

State

LA

Zip Code

70006-1024

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02215

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. Vernon S. Schweigert

Mailing Address 7802 N. Central Avenue

City

Phoenix

State

AZ

Zip Code

85020-4026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biltmore Associates

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02216

Amount of Each Receipt this Period

205.00

SUBTOTAL of Receipts This Page (optional)

605.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 744 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Charles Daniel

Mailing Address 110 Office Park Drive
Suite 310

City State Zip Code
Birmingham AL 35223-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Real Estate Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02217

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gale H. Lyle

Mailing Address 518 Tanasi Circle

City State Zip Code
Loudon TN 37774-3126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02218

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Doug Kent

Mailing Address P.O. Box 846

City State Zip Code
Amite LA 70422-0846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Veterinarian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02219

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 745 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Maj. Gen. Stewart Wallace

Mailing Address 60901 E Rock Ledge Loop

City

Tucson

State

AZ

Zip Code

85739-1969

FEC ID number of contributing
federal political committee.

C

Name of Employer
M. P. R. I. Inc.

Occupation

Business Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02220

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jonathan R. Yinger

Mailing Address 12458 Orchard Wood Drive

City

Fenton

State

MI

Zip Code

48430-8433

FEC ID number of contributing
federal political committee.

C

Name of Employer
C.B.S.L.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02221

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Allan K. Thorburn

Mailing Address 2882 Aspen Lane

City

Bloomfield

State

MI

Zip Code

48302-1013

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02222

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 746 / 1540
(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. John H. Sundstrom

Mailing Address 405 Roseneath Road

City

Richmond

State

VA

Zip Code

23221-2341

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	0	9

Transaction ID: 2009M02L11AI02223

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Ms. Annette L. Boice

Mailing Address 5548 Citation Road N.

City

Toledo

State

OH

Zip Code

43615-2158

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnemployedOccupation
None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	0	9

Transaction ID: 2009M02L11AI02224

Amount of Each Receipt this Period

405.00

C.

Full Name (Last, First, Middle Initial)

Dr. Timothy K. Colgan

Mailing Address 850 Thomas Road
Suite 103

City

Beaumont

State

TX

Zip Code

77706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	0	9

Transaction ID: 2009M02L11AI02225

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

880.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 747 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Norbert Diersen

Mailing Address 228 E. Main Street

City

Harbor Springs

State

MI

Zip Code

49740-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	9

Transaction ID: 2009M02L11AI02226

Amount of Each Receipt this Period

310.00

B.

Full Name (Last, First, Middle Initial)

Terry L. Atkinson

Mailing Address 86 Via Los Altos

City

Belvedere Tiburon

State

CA

Zip Code

94920-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	9

Transaction ID: 2009M02L11AI02227

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kevin Edward Toevs

Mailing Address P.O. Box 491

City

Odenton

State

MD

Zip Code

21113-0491

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ddk Technology Group, Inc.

Occupation

Program Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	9

Transaction ID: 2009M02L11AI02228

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)

1415.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James H. Applegate

Mailing Address 3637 S. Saginaw Street

City

Flint

State

MI

Zip Code

48503-4149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Auto Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02229

Amount of Each Receipt this Period

310.00

B.

Full Name (Last, First, Middle Initial)

Mr. Conrad R. Tvedt

Mailing Address 21220 N. Shamrock Drive

City

Sun City West

State

AZ

Zip Code

85375-5451

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02230

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. John Charles Rhodes

Mailing Address 2113 Hillsgate Street

City

Las Vegas

State

NV

Zip Code

89134-0369

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rhodes Homes

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02231

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

835.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 749 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Carol Bloom

Mailing Address 49 E. Arthur Avenue

City

Arcadia

State

CA

Zip Code

91006-4625

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02232

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Christopher B. Rogers

Mailing Address 680 Madison Avenue
Apartment 304

City

New York

State

NY

Zip Code

10065-3310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heico Companies

Occupation
Banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02233

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Frederick L. Westover

Mailing Address 4133 W. 107Th Court

City

Westminster

State

CO

Zip Code

80031-7610

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02234

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

1740.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 750 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Maj. Gen. Charles C. Irions

Mailing Address 24822 Swan Road
 Martingham

City State Zip Code
 Saint Michaels MD 21663

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02235

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Mr. David Carlsen

Mailing Address 4340 Fremont Avenue S.

City State Zip Code
 Minneapolis MN 55409-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Umi Company, Inc.

Occupation
Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02236

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark Woolson

Mailing Address 18511 Center Crest Court

City State Zip Code
 Olney MD 20832-1833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bbt

Occupation
Banking

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02237

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 751 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Jones

Mailing Address 3117 Endsley Rd.

City

Brooksville

State

FL

Zip Code

34604-6709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02238

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Jean Gibson Duncan

Mailing Address 2300 Chestnut Drive

City

Pampa

State

TX

Zip Code

79065-2909

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02239

Amount of Each Receipt this Period

550.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles E. Weaver

Mailing Address 6315 Holland Drive

City

Cumming

State

GA

Zip Code

30041-4639

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02240

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 752 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Gil Caravantes

Mailing Address 322 N. 12Th Street

City

Sacramento

State

CA

Zip Code

95814-0510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commerce Printing Services

Occupation
Printer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02241

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard G. Cruz

Mailing Address 1610 S. 31St Street
P.M.B. 132

City

Temple

State

TX

Zip Code

76504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Real Estate Investment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02242

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Clifford Conradt

Mailing Address N. 5057 Puls Road

City

Shiocton

State

WI

Zip Code

54170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02243

Amount of Each Receipt this Period

430.00

SUBTOTAL of Receipts This Page (optional)

880.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 753 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert W. Johnson

Mailing Address 1296 Aspen Valley

City

Mendota Heights

State

MN

Zip Code

55118-1750

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 ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02244

Amount of Each Receipt this Period

605.00

B.

Full Name (Last, First, Middle Initial)

Mr. Howard J. Kestenberg

Mailing Address 54 Viking Drive

City

Bristol

State

RI

Zip Code

02809-4802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Howard Kestenberg Property
Management

Occupation
Property Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02245

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stephen E. Pirnat

Mailing Address P.O. Box 21220

City

Tulsa

State

OK

Zip Code

74121-1220

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Zink Company, L.L.C.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02246

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3355.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 754 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Mr. Duaine Schoneweis

Mailing Address P.O. Box 155

City State Zip Code
Medford OK 73759-0155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02247

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
 Mr. & Mrs. James A. Woodard

Mailing Address P.O. Box 140

City State Zip Code
Berlin Heights OH 44814-0140

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02248

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)
 Mrs. Cynthia H. Murphy

Mailing Address 503 Ridgcrest Lane

City State Zip Code
Lebanon TN 37087-1363

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02249

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

580.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 755 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jaci Smith

Mailing Address 1435 Coast Walk

City

La Jolla

State

CA

Zip Code

92037-3715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02250

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Patricia B. Young

Mailing Address P.O. Box 1639

City

Solana Beach

State

CA

Zip Code

92075-7639

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02251

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Flora A. Sandvoss

Mailing Address 18755 West Bernardo Drive
Apartment 1037

City

San Diego

State

CA

Zip Code

92127-3011

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02252

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 756 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Charles Parker

Mailing Address 5707 Costas Cove

City

Austin

State

TX

Zip Code

78759-5529

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02253

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Rand Shulman

Mailing Address 3030 Bonebridge Way Blvd.

City

Houston

State

TX

Zip Code

77082

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02254

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Hamilton G. Arden, Jr.

Mailing Address 710 Lagoon Road

City

Vero Beach

State

FL

Zip Code

32963-2259

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02255

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 757 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Matthew T Wilson

Mailing Address 1423 Constellation Dr.

City

Allen

State

TX

Zip Code

75013-3467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Wilson Geophysical, Inc.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02256

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. William F. Bischoff, Jr.

Mailing Address 15 Anderson Road

City

Clinton

State

NJ

Zip Code

08809-1048

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02257

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms. Marcia R. Phillips

Mailing Address 22 Continental Drive

City

Valley Forge

State

PA

Zip Code

19481

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02258

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 758 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Steven H. Lazarian

Mailing Address 1463 Edgecliff Lane

City

Pasadena

State

CA

Zip Code

91107-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Electric Service & Supply
Company

Occupation

Chairman Of The Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02259

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Dr. W. Stuart Sykes

Mailing Address 1005 Columbia Road

City

Madison

State

WI

Zip Code

53705-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02260

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Molly Ferris

Mailing Address 5835 Picasso Place

City

Houston

State

TX

Zip Code

77096-3912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02261

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 759 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John Niedzwicki

Mailing Address 4 John Rolfe Drive

City

North Dartmouth

State

MA

Zip Code

02747-3846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hawthorn Medical Associat-
es

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02262

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Melissa Parish

Mailing Address 11 Forest Green Trail

City

Kingwood

State

TX

Zip Code

77339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02263

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Stephen M. Mihaly

Mailing Address 612 Kinzie Island Court

City

Sanibel

State

FL

Zip Code

33957-5021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02264

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 760 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Scott M. Jones

Mailing Address 575 Redwood Hwy Ste 200

City

Mill Valley

State

CA

Zip Code

94941-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Steamship Agencies

Occupation

Shipping Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02265

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. O' Keefe

Mailing Address 2340 4Th Avenue
Apartment 278

City

San Diego

State

CA

Zip Code

92101-1607

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 ▼

1455.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 2009M02L11AI02266

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. Doug Munro

Mailing Address 130 Coriander Avenue

City

Morgan Hill

State

CA

Zip Code

95037-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02267

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 761 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Christian Fokine

Mailing Address Po 477

City

Shelter Island

State

NY

Zip Code

11964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Construction Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02268

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard S Cuda

Mailing Address P.O. Box 567

City

Boca Grande

State

FL

Zip Code

33921

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02269

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Cecilia L Klein

Mailing Address 3709 Spicewood Drive

City

Annandale

State

VA

Zip Code

22003

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Government

Occupation

Economist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02270

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 762 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Gordon Gund

Mailing Address 14 Nassau Street

City

Princeton

State

NJ

Zip Code

08542-4523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gund Investment Corporati-
on

Occupation

Venture Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	0	9

Transaction ID: 2009M02L11AI02271

Amount of Each Receipt this Period

15000.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Margaret A. Halvorson

Mailing Address 148 S. Las Palmas Avenue

City

Los Angeles

State

CA

Zip Code

90004-1050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	0	9

Transaction ID: 2009M02L11AI02272

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. John H. Stauffer

Mailing Address 2855 S.W. Mac Vicar Avenue

City

Topeka

State

KS

Zip Code

66611-1704

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	0	9

Transaction ID: 2009M02L11AI02273

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

16000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 763 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert S. Troth

Mailing Address 18 Saint Charles Square

City

Huntsville

State

AL

Zip Code

35801-2848

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02274

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Lois Pardee

Mailing Address 1139 E. Carleton Avenue

City

Orange

State

CA

Zip Code

92867

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Of California City
Of Orange

Occupation
Court Reporter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02275

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)

Mr. R. A. Woodward

Mailing Address 10525 S.E. 250Th Place
Apartment G102

City

Kent

State

WA

Zip Code

98030-8269

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boeing Commercial Airplane

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02276

Amount of Each Receipt this Period

265.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 764 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Robert C. Prentice

Mailing Address 13343 Edinburgh Drive

City

Palos Heights

State

IL

Zip Code

60463-2749

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Care Centers Of Ill-
inois

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02277

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Mr. John C. Wyatt

Mailing Address 765 Hinton Place Road

City

Tuscaloosa

State

AL

Zip Code

35405-9609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02278

Amount of Each Receipt this Period

850.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert N. Baldwin

Mailing Address 1596 Brackenshire Lane

City

Collierville

State

TN

Zip Code

38017-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Helena Industries

Occupation
Engineer/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02279

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 765 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Rodney Nash

Mailing Address 18335 0Ld Coach Way

City State Zip Code
Poway CA 92064

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02280

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Miss Thelma Schlapia

Mailing Address 737 Wade Road

City State Zip Code
Longmont CO 80503-7019

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02281

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. Donald L. Bragumier

Mailing Address 123 Country Hill Drive

City State Zip Code
Clear Springs MD 21722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02282

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 766 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Emily M. Ertl

Mailing Address 11435 Sabo Road

City

Houston

State

TX

Zip Code

77089-2501

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02283

Amount of Each Receipt this Period

180.00

B.

Full Name (Last, First, Middle Initial)

Miss Thelma Schlapia

Mailing Address 737 Wade Road

City

Longmont

State

CO

Zip Code

80503-7019

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02284

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Mary N. Fernandez

Mailing Address P.O. Box 4027

City

Bellevue

State

WA

Zip Code

98009-4027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Wealth Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02285

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 767 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Mr. Arnold J. Seidule

Mailing Address 410 Oak Drive

City State Zip Code
Lake Jackson TX 77566-4217

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02286

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Jerry M. Meng

Mailing Address P.O. Box 298

City State Zip Code
Clackamas OR 97015-0298

FEC ID number of contributing
federal political committee.

C

Name of Employer
Interstate Meat Dist.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02287

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Edward B. Roberts

Mailing Address 300 Boylston Street
Apartment 1102

City State Zip Code
Boston MA 02116-3966

FEC ID number of contributing
federal political committee.

C

Name of Employer
M.I.T.

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02288

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 768 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Blaine A. Briggs

Mailing Address 1969 Lancewood Lane

City State Zip Code
Carlsbad CA 92009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02289

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Capt. Victor Delano, U.S.N. (Re

Mailing Address 865 9Th Avenue S.
 Apartment 201

City State Zip Code
Naples FL 34102

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02290

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Rebecca Jones

Mailing Address 729 E. Pratt St.
 Becwood Purchasing Inc.

City State Zip Code
Baltimore MD 21202

FEC ID number of contributing
federal political committee.

C

Name of Employer
R D Jones & Associates,
Inc.

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02291

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 769 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Kenneth Koteles

Mailing Address 7998 Mayfield Road

City

Chesterland

State

OH

Zip Code

44026

FEC ID number of contributing
federal political committee.

C

Name of Employer
S.A.R. Auto

Occupation
Auto Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02292

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Monty L. Davis

Mailing Address 19827 Cypress Church Road

City

Cypress

State

TX

Zip Code

77433-1479

FEC ID number of contributing
federal political committee.

C

Name of Employer
Core Lab Lp

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02293

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Carle E. Dahlstedt

Mailing Address 1143 Cenotaph Way

City

Colorado Springs

State

CO

Zip Code

80904-1704

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02294

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 770 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Monte L. Craig

Mailing Address 155 Brierfield Court

City

Lake Bluff

State

IL

Zip Code

60044-1932

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	0	9

Transaction ID: 2009M02L11AI02295

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Peter F. Spano

Mailing Address 711 Seagate Drive

City

Delray Beach

State

FL

Zip Code

33483-8427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercator Asset ManagementOccupation
Investment Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	0	9

Transaction ID: 2009M02L11AI02296

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Justin Davidson

Mailing Address P.O. Box 27126

City

Los Angeles

State

CA

Zip Code

90027-0126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Co. ArchitectsOccupation
Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	0	9

Transaction ID: 2009M02L11AI02297

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 771 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Arthur Nordman

Mailing Address 1804 5Th Avenue N. W.
 Apartment 104

City State Zip Code
 Waverly IA 50677-1937

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02298

Amount of Each Receipt this Period

800.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin Edward Toevs

Mailing Address P.O. Box 491

City State Zip Code
 Odenton MD 21113-0491

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ddk Technology Group, Inc.

Occupation
Program Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02298

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. John Grounds

Mailing Address 36 Pondway

City State Zip Code
 Alton IL 62002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Horticulture

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 8 / 2 0 0 9

Transaction ID: 2009M02L11AI02300

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 772 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Nathan Strauss

Mailing Address 905 Ridgeside Dr.

City

Monrovia

State

CA

Zip Code

91016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Asb Property Management,
Inc.

Occupation

Property Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02301

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Carl F. Dallmeyer

Mailing Address 1205 E. Washington Street #252

City

Washington

State

IA

Zip Code

52353-2100

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02302

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Olga C. De Goizueta

Mailing Address 469 Blackland Rd. N.W.

City

Atlanta

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02303

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

15250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 773 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Gloria Bolanos

Mailing Address 19364 Stonebrook Street

City

Weston

State

FL

Zip Code

33332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02304

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Joan Kelly Nebel

Mailing Address 660 Lambert Avenue

City

Flagler Beach

State

FL

Zip Code

32136-3213

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02305

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Freddie Pyron

Mailing Address 535 Futral Road

City

Griffin

State

GA

Zip Code

30224-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer
TWA

Occupation
Ramp Servicer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02306

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 774 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Concepcion Whitney

Mailing Address 11408 E. De La O. Road

City

Scottsdale

State

AZ

Zip Code

85255-5708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02307

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen Thornton

Mailing Address 7129 Crystal Beach Road

City

Winter Haven

State

FL

Zip Code

33880-5152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thornton & Company

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02308

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey S. Woolford

Mailing Address 10723 Pony Mesa

City

San Antonio

State

TX

Zip Code

78254

FEC ID number of contributing
federal political committee.

C

Name of Employer
United States Air Force

Occupation

Military Pilot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02309

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 775 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Dino E.P. Mc Curdy

Mailing Address 801 Yale Avenue
The Strath Haven

City State Zip Code
Swarthmore PA 19081-1816

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 ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02310

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Ms. Podi Constantiner

Mailing Address 3133 Midlane Street

City State Zip Code
Houston TX 77027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02311

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ralph W. Sexton

Mailing Address 8005 37Th Street

City State Zip Code
Vero Beach FL 32966-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02312

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 776 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. William L. Montague

Mailing Address 628 West Brow Road

City

Lookout Mountain

State

TN

Zip Code

37350-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02313

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Margaret Rotondi

Mailing Address 16 Woodbury Court

City

Princeton Junction

State

NJ

Zip Code

08550-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maruato Industries, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02314

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. James H. Kraatz

Mailing Address 6354 Kolb Avenue

City

Allen Park

State

MI

Zip Code

48101-2337

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02315

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)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 777 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Mr. Alan C. Mc Manus

Mailing Address 6257 Telegraph Road
 Apartment 233

City State Zip Code
 Bloomfield Hills MI 48301-1649

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02316

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Ken Jinkerson

Mailing Address 315 Coral Sky Lane

City State Zip Code
 El Paso TX 79912-6411

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Western

Occupation
 Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02317

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Heinz K. Simon

Mailing Address P.O. Box 141355

City State Zip Code
 Irving TX 75014-1355

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 ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02318

Amount of Each Receipt this Period

610.00

SUBTOTAL of Receipts This Page (optional)

1510.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 778 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas C. Weller, Jr.

Mailing Address 3585 Woodhaven Road N.W.

City State Zip Code
Atlanta GA 30305-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02319

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Nasser Oliashirazi

Mailing Address 16 Sugar Pine Road

City State Zip Code
Newport Coast CA 92657-1540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benecci Corporation

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02320

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Sam Mc Neil

Mailing Address Highway 232 E. Box 4782

City State Zip Code
England AR 72046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02321

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 779 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Richard Michael

Mailing Address 28 Fairview Ave

City

Secaucus

State

NJ

Zip Code

07094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rier Drive Construction

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02322

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. William (Bill) Wood, Jr.

Mailing Address 3350 Mccue Rd
#1603

City

Houston

State

TX

Zip Code

77056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ret.

Occupation

Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02323

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mark Parkman

Mailing Address 11938 S. 90th East Ave

City

Bixby

State

OK

Zip Code

74008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Usao/Ndok

Occupation

Intelligence Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02324

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 780 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ronald B. Hogan, Sr.

Mailing Address 1326 Forest Lawn Drive

City

Salem

State

VA

Zip Code

24153-4430

FEC ID number of contributing
federal political committee.

C

Name of Employer
G.E. Company

Occupation

Wire Assembly Person

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Transaction ID: 2009M02L11AI02325

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frank R. Granara

Mailing Address 95 Shire Road

City

Norwell

State

MA

Zip Code

02061

FEC ID number of contributing
federal political committee.

C

Name of Employer
G.I.C.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Transaction ID: 2009M02L11AI02326

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard H. Roach

Mailing Address 1714 Dakota Drive

City

Garland

State

TX

Zip Code

75043-1654

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Transaction ID: 2009M02L11AI02327

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 781 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mansour Zandieh

Mailing Address 18 Whitney Circle

City

Glen Cove

State

NY

Zip Code

11542-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02328

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donald W. Berger

Mailing Address 716 Bank Street

City

Wallace

State

ID

Zip Code

83873-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02329

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. John G. Wright

Mailing Address P.O. Box 2226

City

Austin

State

TX

Zip Code

78768-1278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investment/ Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02330

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 782 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John P. Glass, III

Mailing Address 51 Ruffled Feathers Drive

City

Lemont

State

IL

Zip Code

60439-7753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illico, Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02331

Amount of Each Receipt this Period

265.00

B.

Full Name (Last, First, Middle Initial)

Mr. Harvey M. Young

Mailing Address 7525 N. Camino Sin Vacas

City

Tucson

State

AZ

Zip Code

85718-1296

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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02332

Amount of Each Receipt this Period

310.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Clark

Mailing Address 4510 Pine Mountain Road

City

Birmingham

State

AL

Zip Code

35213-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kellogg Brown Root

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02333

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 783 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. E. L. Herbaly

Mailing Address 1420 W. Canal Court
Suite 150

City State Zip Code
Littleton CO 80120-5660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Petroleum Geologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 29 / 2009

Transaction ID: 2009M02L11AI02334

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Mosely

Mailing Address 13817 W. Palo Verde Drive

City State Zip Code
Litchfield Park AZ 85340-7371

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Air Force

Occupation
Security Forces

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

01 / 29 / 2009

Transaction ID: 2009M02L11AI02335

Amount of Each Receipt this Period

330.00

C.

Full Name (Last, First, Middle Initial)

Mr. Larry Clark

Mailing Address 9349 Cr 292

City State Zip Code
Millersburg OH 44654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professionals Aviation

Occupation
Pilot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 29 / 2009

Transaction ID: 2009M02L11AI02336

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

830.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 784 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Samuel Salen

Mailing Address 136 Emerson Street

City
Upland

State
CA

Zip Code
91784-1337

FEC ID number of contributing
federal political committee.

C

Name of Employer
**Online Radiology Medical
 Group**

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 29 / 2009

Transaction ID: 2009M02L11AI02337

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Donald H. Spencer

Mailing Address 3901 Crest Drive

City

Manhattan Beach

State

CA

Zip Code

90266-3122

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 ▼

300.00

Date of Receipt

01 / 29 / 2009

Transaction ID: 2009M02L11AI02338

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. William & Patricia Graham

Mailing Address P.O. Box 524

City

Franklin

State

NC

Zip Code

28744-0524

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 ▼

220.00

Date of Receipt

01 / 29 / 2009

Transaction ID: 2009M02L11AI02339

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 785 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Ann H. Rafferty

Mailing Address 27 Southmoor Drive

City

St Louis

State

MO

Zip Code

63105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Small Business Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02340

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Douglas H. Grier

Mailing Address 16431 74Th Place W.

City

Edmonds

State

WA

Zip Code

98026-4910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Urologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02341

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Paul T. Hlavinka

Mailing Address 2325 Glen Haven Blvd.

City

Houston

State

TX

Zip Code

77030-3607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02342

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 786 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Douglas W. York

Mailing Address 3441 E. Harbour Drive

City

Phoenix

State

AZ

Zip Code

85034-7229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

President / Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02343

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Jennifer L. Kozar

Mailing Address 2474 N. Turnberry Avenue

City

Zachary

State

LA

Zip Code

70791

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02344

Amount of Each Receipt this Period

330.00

C.

Full Name (Last, First, Middle Initial)

Ms. Kathleen Fisk

Mailing Address 1459 Mecaslin Street Nw
Apartment 5213

City

Atlanta

State

GA

Zip Code

30309-2282

FEC ID number of contributing
federal political committee.

C

Name of Employer
Railcar Management Llc

Occupation

Training and Support Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02345

Amount of Each Receipt this Period

195.00

SUBTOTAL of Receipts This Page (optional)

1525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 787 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James F. Taylor

Mailing Address 4003 15Nd Street

City

Urbandale

State

IA

Zip Code

50323-7400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bank Of America

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02346

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Lois Doan

Mailing Address P.O. Box 1650

City

Harlan

State

KY

Zip Code

40831-5650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02347

Amount of Each Receipt this Period

235.00

C.

Full Name (Last, First, Middle Initial)

Dr. Donald J. Muller

Mailing Address 204 Rochester Road

City

Mobile

State

AL

Zip Code

36608-2219

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 ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02348

Amount of Each Receipt this Period

475.00

SUBTOTAL of Receipts This Page (optional)

1010.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 788 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Derek Moser

Mailing Address 4661 Whimbrel Drive

City

Littleton

State

CO

Zip Code

80126-7404

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Launch Alliance

Occupation

Delta Programs Data Processing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02349

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Alfonso E. Rodriguez-Ramos

Mailing Address P.O. Box 366878

City

San Juan

State

PR

Zip Code

00936-6878

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02350

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Philip H. Porter

Mailing Address 13206 W. 116Th Street

City

Overland Park

State

KS

Zip Code

66210-3526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buckley Power Company

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02351

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 789 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Col Frank W. Jenkins, U.S.A.F. (

Mailing Address 2187 Harithy Drive

City

Dunn Loring

State

VA

Zip Code

22027-1060

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02352

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. William G. Clark

Mailing Address 171 Spring Run Street

City

Versailles

State

KY

Zip Code

40383-1804

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02353

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mary J. Malevich

Mailing Address 9812 Cupola Lane

City

Eden Prairie

State

MN

Zip Code

55347-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02354

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 790 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert K. Greene

Mailing Address 716 S. Route 183

City

Shuykl Haven

State

PA

Zip Code

17972-8978

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Transaction ID: 2009M02L11AI02355

Amount of Each Receipt this Period

825.00

B.

Full Name (Last, First, Middle Initial)

Mr. William D. Humphreys

Mailing Address 100 Ashley Avenue
P.O. Box 459

City

Gate City

State

VA

Zip Code

24251-0459

FEC ID number of contributing
federal political committee.**C**Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Transaction ID: 2009M02L11AI02356

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John R. Furrer

Mailing Address P.O. Box 10849

City

Jackson

State

WY

Zip Code

83002-0849

FEC ID number of contributing
federal political committee.**C**Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Transaction ID: 2009M02L11AI02357

Amount of Each Receipt this Period

370.00

SUBTOTAL of Receipts This Page (optional)

3195.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. D. R. Williams

Mailing Address 1016 Oak Hills Way

City

Salt Lake City

State

UT

Zip Code

84108-2024

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02358

Amount of Each Receipt this Period

270.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Newhouse, Jr.

Mailing Address 5 North Pond Drive

City

Short Hills

State

NJ

Zip Code

07078-3217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Insurance Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02359

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Oliver D. Musat

Mailing Address 3548 Moonlight Bay Drive N.W.

City

Canton

State

OH

Zip Code

44708-3084

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02360

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

1490.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. James Moore

Mailing Address 2925 Oldtown Valley Road S.W.

City

New Philadelphia

State

OH

Zip Code

44663-7840

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02361

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Thomas J. Duddy

Mailing Address 1 Barberry Road

City

Sewickley

State

PA

Zip Code

15143-9338

FEC ID number of contributing
federal political committee.

C

Name of Employer
A.X.A. Advisors

Occupation
Financial Consulting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02362

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Milton Harris

Mailing Address 675 Riverbend Drive

City

Advance

State

NC

Zip Code

27006-8526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Forsyth Cardiology Associ-
ates, Pa

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02363

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 793 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James Y. Robertson

Mailing Address 5 Glenbrook Circle

City

Carson City

State

NV

Zip Code

89703-3622

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02364

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. James R. Dean

Mailing Address 2011 South 7Th Street

City

Oskaloosa

State

IA

Zip Code

52577-4133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02365

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. William D. Glockner

Mailing Address 137 S. Shore Drive

City

Solana Beach

State

CA

Zip Code

92075-2617

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02366

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 794 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Elaine Baker

Mailing Address 1085 Farm 108 S.

City

Gonzales

State

TX

Zip Code

78629-6656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Commercial Egg Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02367

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Robert & Ann Booms

Mailing Address P.O. Box 343

City

Hinckley

State

OH

Zip Code

44233-0343

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02368

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gary R. Waxmonsky

Mailing Address 7902 Birnam Wood Drive

City

Mc Lean

State

VA

Zip Code

22102-2700

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. E.P.A.

Occupation

Civil Servant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02369

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

820.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Charles E. Moore

Mailing Address 3483 Olympia Road

City

Davidsonville

State

MD

Zip Code

21035-1320

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02370

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Tricou

Mailing Address 8333 Heather Lane

City

Tinley Park

State

IL

Zip Code

60477-6568

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02371

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas G. Norris

Mailing Address 517 Bay Court

City

Rockwall

State

TX

Zip Code

75032-7630

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02372

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 796 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. W. T. Braun, III

Mailing Address 8519 Shannon Way

City

Wichita

State

KS

Zip Code

67206-1823

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02373

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ronald E. King

Mailing Address 74 River Ridge Road

City

Cedar Falls

State

IA

Zip Code

50613-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02374

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Donald A. Mc Mullen, Jr.

Mailing Address 18231 Mainsail Pointe Drive

City

Cornelius

State

NC

Zip Code

28031-5199

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02375

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2970.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 797 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John C. Klimek

Mailing Address P.O. Box 10720

City

Zephyr Cove

State

NV

Zip Code

89448-2720

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 ▼

400.00

Date of Receipt

01 / 29 / 2009

Transaction ID: 2009M02L11AI02376

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Ms. Theresa J. Pelaia

Mailing Address 2309 Kennwynn Road Wynnwood

City

Wilmington

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

01 / 29 / 2009

Transaction ID: 2009M02L11AI02377

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Ms. Betty Wilde

Mailing Address 1915 Marlin Drive

City

Ocean City

State

MD

Zip Code

21842-5541

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 ▼

210.00

Date of Receipt

01 / 29 / 2009

Transaction ID: 2009M02L11AI02378

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

530.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 798 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. R. C. Hudson, Jr.

Mailing Address 1330 Edgewood Lane

City

Northbrook

State

IL

Zip Code

60062-4716

FEC ID number of contributing
federal political committee.**C**Name of Employer
H.D. Hudson Manufacturing
CompanyOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Transaction ID: 2009M02L11AI02379

Amount of Each Receipt this Period

245.00

B.

Full Name (Last, First, Middle Initial)

Mr. David P. Pearson

Mailing Address P.O. Box 631

City

Locust Valley

State

NY

Zip Code

11560-0631

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
Investment Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Transaction ID: 2009M02L11AI02380

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alfred G. Gerosa

Mailing Address 720 Milton Road
Apartment N2B

City

Rye

State

NY

Zip Code

10580-3251

FEC ID number of contributing
federal political committee.**C**Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Transaction ID: 2009M02L11AI02381

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

845.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 799 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Mary L. Brown

Mailing Address 2369 Stewart Drive N.W.

City

Warren

State

OH

Zip Code

44485-2348

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02382

Amount of Each Receipt this Period

235.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frank E. Pickering

Mailing Address 18 Strawberry Hill Lane

City

Danvers

State

MA

Zip Code

01923-1162

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02383

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Leslie Cubelic

Mailing Address 205 Fernly Park Drive

City

Alpharetta

State

GA

Zip Code

30022-6365

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02384

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

885.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 800 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. William K. Martz

Mailing Address 356 Dale Road

City

Bethel Park

State

PA

Zip Code

15102-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flexsys America, LP

Occupation

Chemical Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02385

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David C. Leber

Mailing Address 331 East Meadow Drive

City

Mechanicsburg

State

PA

Zip Code

17055-5168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leser & Wolf Plastic Surg-
ery, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02386

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Mr. Daryl E. Thomas

Mailing Address 53 Lakewood Drive

City

Kirkwood

State

PA

Zip Code

17536-9540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Herr Foods Inc.

Occupation

Director Of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02387

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

970.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 801 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Gary A. Glynn

Mailing Address 1112 Park Avenue
9A

City State Zip Code
New York NY 10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Steel & Carnegie Pen-
s. Fd

Occupation
Investment Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02388

Amount of Each Receipt this Period

265.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Hylant

Mailing Address 79 Fox Trace Lane

City State Zip Code
Hudson OH 44236-3471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group, Inc.

Occupation
Executive Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02389

Amount of Each Receipt this Period

305.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stephen A. Keller

Mailing Address 777 Bayshore Drive
Apartment 1506

City State Zip Code
Fort Lauderdale FL 33304-3966

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02390

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1070.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 802 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Betty J. Koppler

Mailing Address 3280 Sly Park Road

City

Pollock Pines

State

CA

Zip Code

95726-9591

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02391

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Herbert M Gruen

Mailing Address 101 Yaupon Valley

City

Austin

State

TX

Zip Code

78746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flasher Equipment Co

Occupation
Cob

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02392

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mark & Kathy Batenic

Mailing Address 97 Poteskeet Trail

City

Kitty Hawk

State

NC

Zip Code

27949-3734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clemens Family Markets

Occupation
Grocery Retail

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02393

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 803 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Maria Zarranz

Mailing Address 3610 S.W. 88Th Place

City

Miami

State

FL

Zip Code

33165-4374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Turning Point C.M.H.C.

Occupation

Mental Health Counselor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02394

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lewis J. Henderson

Mailing Address 1204 Cambridge Road

City

Dothan

State

AL

Zip Code

36305-1907

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02395

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. William J. Hoddy

Mailing Address 1953 E. Caroline Lane

City

Tempe

State

AZ

Zip Code

85284-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intel Corp.

Occupation

Program Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02396

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 804 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Jim Doeberman

Mailing Address 5 Headland Court

City

Danville

State

CA

Zip Code

94506-6152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gracenote, Inc.

Occupation
Cfo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02397

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. David Haist

Mailing Address P.O. Box 127

City

Grabill

State

IN

Zip Code

46741-0127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Do It Best Corp.

Occupation
Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02398

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. William R Bollin

Mailing Address 8729 Big Cypress Circle

City

Sylvania

State

OH

Zip Code

43560-8919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bostwick Braun Co

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02399

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 805 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Berry J. Mullennix

Mailing Address 2640 E. 37Th Street

City

Tulsa

State

OK

Zip Code

74105-4148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Panther Energy Company,
Llc

Occupation
Ceo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02400

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David L Bridgewater

Mailing Address 8521 South Regency Drive

City

Tulsa

State

OK

Zip Code

74131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Infinity Machine, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02401

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. William T Hooper,jr.

Mailing Address P.O. Box 1692

City

Conroe

State

TX

Zip Code

77305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ret.

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02402

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 806 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Carlene Walker

Mailing Address 13663 Doubletree Terrace

City

Wellington

State

FL

Zip Code

33414-4018

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Bernie G. Walker, Jr.

Occupation
 Hrm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02403

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Diana Pure

Mailing Address 1111 Brickell Bay Drive
 Apt 2410

City

Miami

State

FL

Zip Code

33131-2960

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Miami Va Healthcare System

Occupation
 Clinical Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02404

Amount of Each Receipt this Period

330.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gabriel Solano

Mailing Address 1 Pier Point Street

City

Yonkers

State

NY

Zip Code

10701-6943

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Nemco Brokerage

Occupation
 Senior Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02405

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 807 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Lee Harrison

Mailing Address 2116 Crosswood Lane

City
 Irving

State
 TX

Zip Code
 75063-5500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thru

Occupation
 Ceo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02406

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Edward D. Barnes

Mailing Address 9401 Courthouse Road
 Suite A.

City

Chesterfield

State

VA

Zip Code

23832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barnes & Diehl, P.C.

Occupation
 Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02407

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms. Felicia Bradley

Mailing Address 675 S Gulfview Blvd
 Apt 907

City

Clearwater

State

FL

Zip Code

33767-2678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unemployed

Occupation
 None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02408

Amount of Each Receipt this Period

330.00

SUBTOTAL of Receipts This Page (optional)

930.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 808 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Bahjat S. Batarseh

Mailing Address P.O. Box 459

City

State

Zip Code

Brice

OH

43109-0459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Christian Minister/Counselor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02409

Amount of Each Receipt this Period

363.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donald W. Hodges

Mailing Address 2013 Sinclair Lane

City

State

Zip Code

Plano

TX

75093-1310

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Mullan Holdings, In-
c.

Occupation

Business Owner/Investments

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02410

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Momborquette

Mailing Address 49 East 21st
9B

City

State

Zip Code

New York

NY

10010-6213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schulte Roth & Zabel LLP

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02411

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1613.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 809 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Alwal B. Moore

Mailing Address 3197 Maple Drive

City

Saint Louis

State

MO

Zip Code

63127-1902

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02412

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ray W. Nicholson, Jr.

Mailing Address 420 Mulberry Street
Oak Park Professional Building

City

Evansville

State

IN

Zip Code

47713-0550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanderburgh County Health
Board

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02413

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald S. Hanstein

Mailing Address 6039 Quaker Hollow Road
Apartment 2

City

Orchard Park

State

NY

Zip Code

14127-1872

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Insurance Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02414

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 810 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. James M. Clark

Mailing Address 350 Seaspray Avenue

City

Palm Beach

State

FL

Zip Code

33480-0042

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02415

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Randolph Q. Mc Manus

Mailing Address 2021 Q. Street N.W.

City

Washington

State

DC

Zip Code

20009-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baker & Botts, L.L.P.

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02416

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Fred C. Ikle

Mailing Address 7010 Glenbrook Road

City

Bethesda

State

MD

Zip Code

20814-1223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02417

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 811 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Jane Byers Folkrod

Mailing Address 1050 E. Pine Street
 Apartment 301

City State Zip Code
 Silver City NM 88061-7174

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02418

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donald Kraft

Mailing Address 1635 Stoner Avenue
 Apartment 12

City State Zip Code
 Los Angeles CA 90025-1846

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02419

Amount of Each Receipt this Period

540.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alexander M. Cutler

Mailing Address P.O. Box 237

City State Zip Code
 Gates Mills OH 44040-0237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eaton Corporation

Occupation
Chairman & C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02420

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2290.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 812 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Henry J. Brucker

Mailing Address 7103 Fellowship Road

City

Basking Ridge

State

NJ

Zip Code

07920-3911

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02421

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Mr. Larry W. Brown

Mailing Address 7062 Gatton Square

City

Alexandria

State

VA

Zip Code

22315-5168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Defense Nuclear Faciliti-
es Safety

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02422

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Gladys H. Gilmartin

Mailing Address 42 Bellevue Road

City

Wellesley Hills

State

MA

Zip Code

02481-1311

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02423

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

2125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 813 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John E. Gray, Jr.

Mailing Address 404 Wickham Lane

City

Southlake

State

TX

Zip Code

76092-6366

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Telecom Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02424

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Joan Schonholtz

Mailing Address 32 Beman Woods Court

City

Potomac

State

MD

Zip Code

20854-5481

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02425

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Shirley L. Martinez

Mailing Address 8380 Greensboro Drive
Apartment 616

City

McLean

State

VA

Zip Code

22102-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02426

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 814 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Lynda Marshall

Mailing Address 3631 N. Piedmont Street

City

Arlington

State

VA

Zip Code

22207-5333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hogan & Hartson L.L.P.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02427

Amount of Each Receipt this Period

1125.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Stevens

Mailing Address 1919 Lakeside Drive N.

City

Amelia Island

State

FL

Zip Code

32034-5241

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02428

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard Bragagnini

Mailing Address 16020 Prairie Ronde Road

City

Schoolcraft

State

MI

Zip Code

49087-8713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Tile

Occupation
Tile Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02429

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 815 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara Jean Layten

Mailing Address 406 W. Main Street

City

Downs

State

IL

Zip Code

61736-9490

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02430

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Ms. Dorothy T. Amador

Mailing Address 163 Pinefield Drive

City

Sanford

State

FL

Zip Code

32771-6813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02431

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Larry Heinle

Mailing Address 1120 S. 7Th Street

City

Bismarck

State

ND

Zip Code

58504-6534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02432

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

345.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 816 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Margaret Martin

Mailing Address 69 Elmwood Avenue

City

Buffalo

State

NY

Zip Code

14201-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02433

Amount of Each Receipt this Period

205.00

B.

Full Name (Last, First, Middle Initial)

Mr. George Bellamacina

Mailing Address 43 Chilton Street

City

Cambridge

State

MA

Zip Code

02138-6801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02434

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Larry J. Bell

Mailing Address 5700 Camden

City

Midland

State

TX

Zip Code

79707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Walkamin Trading Co. Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02435

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1455.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 817 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Oliver Meadows

Mailing Address 9801 W. Farm 4

City

Godley

State

TX

Zip Code

76044-3909

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02436

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Julian D. Driscoll

Mailing Address P. O. Box 417

City

Dripping Springs

State

TX

Zip Code

78620-0417

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02437

Amount of Each Receipt this Period

245.00

C.

Full Name (Last, First, Middle Initial)

Dr. Guy R. Matthew

Mailing Address 2850 N. Brummetts Creek Road

City

Bloomington

State

IN

Zip Code

47408-9393

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02438

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 818 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Anna F. Estabrook

Mailing Address P.O. Box 7606

City

Kingsport

State

TN

Zip Code

37664-7606

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02439

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark A. Knust

Mailing Address 5773 Woodway
#820

City

Houston

State

TX

Zip Code

77057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Knust Interests

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02440

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Mr. Frederick H. Rhodes

Mailing Address 13447 Quapaw Road

City

Apple Valley

State

CA

Zip Code

92308-6246

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02441

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

895.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 819 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Richard J. Porraro

Mailing Address 2532 S.E. 13Th Street

City

Pompano Beach

State

FL

Zip Code

33062-7918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02442

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Shayne Green

Mailing Address 135 Spanish Oak Cir

City

Lake Jackson

State

TX

Zip Code

77566-3778

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Dow Chemical Company

Occupation
Chemist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02443

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Adolf Paier

Mailing Address 1332 Wrenfield Way

City

Villanova

State

PA

Zip Code

19085-2067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Novva Corporation

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02444

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 820 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. Edward F. Downey, Jr.

Mailing Address 12670 Cinnamon Court

City	State	Zip Code
Rolla	MO	65401-8702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: 2009M02L11AI02445

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark Parison

Mailing Address 728 Copper Mines Road

City	State	Zip Code
Murrayville	GA	30564-3106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: 2009M02L11AI02446

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Frank E. Dicola

Mailing Address 541 Pine Needle Drive

City	State	Zip Code
Mays Landing	NJ	08330-1674

FEC ID number of contributing
federal political committee.

C

Name of Employer
D.C.O. EnergyOccupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: 2009M02L11AI02447

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 821 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. David Mancini

Mailing Address 201 War Admiral Way

City

Hvre De Grace

State

MD

Zip Code

21078-2361

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02448

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jack W. Nicklaus

Mailing Address 11780 U. S. Highway 1

City

North Palm Beach

State

FL

Zip Code

33408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nicklaus Companies

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02449

Amount of Each Receipt this Period

1100.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Genevieve M. & Dale Fales

Mailing Address 11 Burrell Court

City

Midland

State

MI

Zip Code

48640-3360

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02450

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 822 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Robert F. Sykes

Mailing Address 60 Brookside Drive

City

Rochester

State

NY

Zip Code

14618-3422

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02451

Amount of Each Receipt this Period

330.00

B.

Full Name (Last, First, Middle Initial)

Mr. John W. Lynn

Mailing Address 19705 Oakbrook Circle

City

Boca Raton

State

FL

Zip Code

33434-3230

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02452

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert N. Boller

Mailing Address 7264 W. Peterson Avenue
Apartment C-416

City

Chicago

State

IL

Zip Code

60631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02453

Amount of Each Receipt this Period

910.00

SUBTOTAL of Receipts This Page (optional)

1540.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 823 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Mary Ellen Leash

Mailing Address 351 Croce Avenue

City

Gibbstown

State

NJ

Zip Code

08027-1619

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02454

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jack Westfall

Mailing Address 21481 S. Ferguson Road

City

Beavercreek

State

OR

Zip Code

97004-7615

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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02455

Amount of Each Receipt this Period

360.00

C.

Full Name (Last, First, Middle Initial)

Mr. Carl H. Wolftradt

Mailing Address 1340 Lorain Road

City

San Marino

State

CA

Zip Code

91108-2504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02456

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 824 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Gordon R. Hamm

Mailing Address 35 Paddock Road

City

Ho Ho Kus

State

NJ

Zip Code

07423-1313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
C.O.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

Transaction ID: 2009M02L11AI02457

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Sue C. Post

Mailing Address 1650 Majorca Place

City

Vero Beach

State

FL

Zip Code

32967-7257

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

Transaction ID: 2009M02L11AI02458

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard R. Blessing, Jr.

Mailing Address 142 Pine Ridge Drive

City

Whispering Pines

State

NC

Zip Code

28327-9484

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

Transaction ID: 2009M02L11AI02459

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

1520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 825 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel Patrick Neil

Mailing Address 3704 Soaring Eagle

City

Austin

State

TX

Zip Code

78746-1645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Denver Broncos

Occupation

Professional Athlete

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02460

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Suzanne Snyder

Mailing Address 9524 Foxlair Place

City

Gaithersburg

State

MD

Zip Code

20882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02461

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. William & Patricia Graham

Mailing Address P.O. Box 524

City

Franklin

State

NC

Zip Code

28744-0524

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02462

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 826 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Wilson & Gigi Varghese

Mailing Address 919 Canberra Road

City

Lafayette

State

LA

Zip Code

70503-5957

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alpha Automobile Sales,
L. L. C.

Occupation

Business Car Dealership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02463

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph D. Estess

Mailing Address P.O. Box 3101

City

Tupelo

State

MS

Zip Code

38803-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vector Transportation

Occupation

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02464

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ernie Davis, Jr.

Mailing Address 1908 Colonial Road

City

Harrisburg

State

PA

Zip Code

17112-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Veterans Affairs

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02465

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 827 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel E. Bockstedt

Mailing Address 1220 Washington Avenue
 Apartment 8

City State Zip Code
 Golden CO 80401-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Disabled

Occupation
 Disabled

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02466

Amount of Each Receipt this Period

115.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Margaret Crane

Mailing Address 863 Pembridge Drive

City State Zip Code
 Lake Forest IL 60045-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Homemaker

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02467

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. Hayes C. Stover

Mailing Address 409 Woodland Road

City State Zip Code
 Sewickley PA 15143-1050

FEC ID number of contributing
federal political committee.

C

Name of Employer
 H&L Gates

Occupation
 Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02468

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1015.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 828 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert H. Tansor

Mailing Address 5 Hessian Blvd.

City

Reading

State

PA

Zip Code

19607-9713

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: 2009M02L11AI02469

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donald E. Baldovin

Mailing Address 603 W. 13Th Street
P.M.B. 122

City

Austin

State

TX

Zip Code

78701-1796

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: 2009M02L11AI02470

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Goldschild

Mailing Address 4000 W. Island Blvd.
Apartment 607

City

Aventura

State

FL

Zip Code

33160-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: 2009M02L11AI02471

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

1510.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 829 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. David R. Edwards

Mailing Address P.O. Box 1031

City

Douglas

State

WY

Zip Code

82633-1031

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02472

Amount of Each Receipt this Period

245.00

B.

Full Name (Last, First, Middle Initial)

Ms. Eleanor S. Murphy

Mailing Address 2107 Rosehill Lane

City

Gambrills

State

MD

Zip Code

21054-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02473

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Ms. Beverley G. Hilterbrand

Mailing Address 3300 Amber Lane

City

Grants Pass

State

OR

Zip Code

97527-9501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Operator - Mobile Park

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02474

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 830 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Gabriel Kokkinos

Mailing Address 25-42 23rd St

City

Astoria

State

NY

Zip Code

11102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Principle Properties, Llc

Occupation

Realtor/Property Manager/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02475

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. Geoffrey Brewster

Mailing Address 6453 E. Stallion Road

City

Paradise Valley

State

AZ

Zip Code

85253-3151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02476

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Alexander Budge

Mailing Address P.O. Box 826

City

Kamuela

State

HI

Zip Code

96743-0826

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02477

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

970.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 831 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Donald E. Robertson

Mailing Address 1000 S. Pointe Drive
 Apartment 801

City State Zip Code
Miami Beach FL 33139-7327

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Robertson Fire Protection

Occupation
 Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02478

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. E. G. Glenn, Jr.

Mailing Address 4921 Highway 58

City State Zip Code
Chattanooga TN 37416

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ace Hardware

Occupation
 Merchant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02479

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gilbert F. Amelio

Mailing Address 2821 Setting Sun Drive

City State Zip Code
Corona Del Mar CA 92625-1520

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Jazz Technologies

Occupation
 Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02480

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 832 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ronald & Patricia Cygnor

Mailing Address 10025 Beckford Court

City

Powell

State

OH

Zip Code

43065-8499

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: 2009M02L11AI02481

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mr. Glenn J. Bixler

Mailing Address 13322 Bretagne Drive

City

Houston

State

TX

Zip Code

77015-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: 2009M02L11AI02482

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Anna Berko

Mailing Address 3798 Ledge Road

City

Troy

State

MI

Zip Code

48084-1138

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: 2009M02L11AI02483

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

970.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 833 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Tom Teune

Mailing Address 43213 U.S. 70

City	State	Zip Code
Portales	NM	88130

FEC ID number of contributing
federal political committee.**C**Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

Transaction ID: 2009M02L11AI02484

Amount of Each Receipt this Period

605.00

B.

Full Name (Last, First, Middle Initial)

Mr. Peter Van Dyk Berg

Mailing Address P.O. Box 566

City	State	Zip Code
Walpole	NH	03608-0566

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

Transaction ID: 2009M02L11AI02485

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Joseph Gribat

Mailing Address 12526 Fee Fee Road

City	State	Zip Code
Saint Louis	MO	63146-3808

FEC ID number of contributing
federal political committee.**C**Name of Employer
E.P.C.Occupation
Info Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

Transaction ID: 2009M02L11AI02486

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1705.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 834 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. P. W. Vasser

Mailing Address P.O. Box M.

City

Natchez

State

MS

Zip Code

39121-1057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02487

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brymer Humphreys

Mailing Address 8661 Tibbitts Road

City

New Hartford

State

NY

Zip Code

13413-5225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02488

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Marvin Meier

Mailing Address 15775 S.W. Greens Way

City

Tigard

State

OR

Zip Code

97224-4659

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 ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02489

Amount of Each Receipt this Period

136.00

SUBTOTAL of Receipts This Page (optional)

911.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 835 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. John Stephan

Mailing Address 406 Scarborough Lane

City

Matthews

State

NC

Zip Code

28105-5594

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Federal Credit Un-
ion

Occupation

Business/Residential Mortgage Loan Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02490

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark Crabtree

Mailing Address 4095 E. Farm Road 164

City

Springfield

State

MO

Zip Code

65809-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Springfield Neuro and Spi-
ne

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02491

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Paul E. Flaig

Mailing Address P.O. Box 33014

City

Indialantic

State

FL

Zip Code

32903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02492

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 836 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Susan Phillips

Mailing Address 104 Williamson Court

City State Zip Code
Richmond VA 23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02493

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. George L. Yao

Mailing Address 1830 Tarrant City Street

City State Zip Code
Henderson NV 89052-6838

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02494

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. James M. Edwards

Mailing Address 7935 Merano Reef Lane

City State Zip Code
Lake Worth FL 33467-7070

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02495

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 837 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Danny Dansby

Mailing Address 2603 Sir Percival Lane

City

Lewisville

State

TX

Zip Code

75056-5710

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02496

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen L. Reynolds

Mailing Address 185 Faris Circle

City

Greenville

State

SC

Zip Code

29605-1011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edeco, Inc.

Occupation
C.F.O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02497

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Tim W. Heyne

Mailing Address 3409 Ave Isla Verde
Apartment 702

City

Carolina

State

PR

Zip Code

00979-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alstom Power, Inc.

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02498

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 838 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Henry J. Singer

Mailing Address 840 Ocean Drive
 #901

City State Zip Code
 Juno Beach FL 33408-1744

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Electric

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02499

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Verme

Mailing Address 12700 N. Commons Way

City State Zip Code
 Potomac MD 20854-2348

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02500

Amount of Each Receipt this Period

205.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Veneranda H. Castaneda

Mailing Address 3329 S.W. 181St Terrace

City State Zip Code
 Miramar FL 33029-1633

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02501

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 839 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Eleanor Cobb

Mailing Address 131 S. Vista Street

City

Los Angeles

State

CA

Zip Code

90036-2707

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02502

Amount of Each Receipt this Period

330.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joel S. Webster

Mailing Address 7425 Valleybrook Road

City

Charlotte

State

NC

Zip Code

28270-6548

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02503

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Diana Mollman

Mailing Address 105 Mid Valley Drive

City

New Castle

State

CO

Zip Code

81647-8607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02504

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1380.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Jerry Denherder

Mailing Address 1851 Westchester Road

City

Waterloo

State

IA

Zip Code

50701-4513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Veterinarian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02505

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Judith L. Lavin

Mailing Address 10 Lake Drive

City

West Greenwich

State

RI

Zip Code

02817-1561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hi-Tech, Inc.

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02506

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Lisa Rolke

Mailing Address 1441 Rolke Ranch Rd

City

Franklin

State

TX

Zip Code

77856

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Ranching and Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02507

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 841 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Turner

Mailing Address 1441 Rolke Ranch Road

City State Zip Code
Franklin TX 77856

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Actor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2009

Transaction ID: 2009M02L11AI02508

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Edward Madison

Mailing Address 6990 Roaring Fork Trail

City State Zip Code
Boulder CO 80301-3633

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 ▼

360.00

Date of Receipt

01 / 30 / 2009

Transaction ID: 2009M02L11AI02509

Amount of Each Receipt this Period

360.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Brummette

Mailing Address 7421 Fisher Island Drive

City State Zip Code
Miami FL 33109-0703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategic Fixed Income UK
LLP

Occupation
Money Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2009

Transaction ID: 2009M02L11AI02510

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1610.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 842 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Peter M. Page

Mailing Address 403 W. Masonic View Avenue

City

Alexandria

State

VA

Zip Code

22301-2420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02511

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Anne Hargrove

Mailing Address 605 Overland Drive

City

Spartanburg

State

SC

Zip Code

29307-2914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wyeth Pharmaceuticals

Occupation
Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02512

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Christopher J. Swift

Mailing Address 49 Winfield Lane

City

New Canaan

State

CT

Zip Code

06840-3439

FEC ID number of contributing
federal political committee.

C

Name of Employer
A.I.G. American General

Occupation
C.F.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02513

Amount of Each Receipt this Period

1100.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 843 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Jo Ellen Yates

Mailing Address 1600 Morganton Road
 Lot Y92

City State Zip Code
 Pinehurst NC 28374-6967

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02514

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Ann Beck

Mailing Address P.O. Box 1566

City State Zip Code
 Lexington VA 24450-1566

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02515

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Louise L. Anderson

Mailing Address 88 N. Broad Bay Road
 P.O. Box 309

City State Zip Code
 Freedom NH 03836-4518

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02516

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Curtis E. Haugen

Mailing Address 45508 300 Street

City

Argyle

State

MN

Zip Code

56713-9319

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02517

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Ms. Catherine M. Brown

Mailing Address 3937 Elsa Street

City

Lakewood

State

CA

Zip Code

90712-3872

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02518

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert D. Brace

Mailing Address 9 Jackson Pond

City

Dedham

State

MA

Zip Code

02026-5524

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02519

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1470.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Delos D. Wilma

Mailing Address 1335 3Rd Avenue
 Apartment 200

City State Zip Code
 Longview WA 98632-3292

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02520

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. T. Edmund Beck, Jr.

Mailing Address 320 Old Oaks Lane

City State Zip Code
 Glasgow VA 24555

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02521

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Peter H. & Diane Adams

Mailing Address 1065 Westridge Avenue

City State Zip Code
 Danville CA 94526-4827

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02522

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 846 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Ronald J. White

Mailing Address 144 Rivers Edge Lane

City

Upper Sandusky

State

OH

Zip Code

43351-9488

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02523

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)

Ms. Dorothy T. Amador

Mailing Address 163 Pinefield Drive

City

Sanford

State

FL

Zip Code

32771-6813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02524

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms. Barbara Jean Layten

Mailing Address 406 W. Main Street

City

Downs

State

IL

Zip Code

61736-9490

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02525

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 847 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Kenneth Poland

Mailing Address 24452 Moonfire Drive

City

Dava Point

State

CA

Zip Code

92629-1765

FEC ID number of contributing
federal political committee.

C

Name of Employer
A.T. & T.

Occupation

Assistant Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02526

Amount of Each Receipt this Period

330.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert A. Owens

Mailing Address 22782 Misty Sea Drive
Suite 2F

City

L. N.

State

CA

Zip Code

92677-5548

FEC ID number of contributing
federal political committee.

C

Name of Employer
R.A.O. C.P.A. A. PAC

Occupation

C.P.A.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02527

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stanley Adams

Mailing Address 2112 Natalie Lane

City

Birmingham

State

AL

Zip Code

35244-3310

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02528

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

740.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 848 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Kathleen A. Owens

Mailing Address 1910 E. Warner Avenue
Suite 2F

City State Zip Code
Santa Ana CA 92705-5548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Postal Service

Occupation
U.S. Postmaster

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02529

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Barbara L. Thompson

Mailing Address 8907 E. Douglas Avenue

City State Zip Code
Wichita KS 67207-1207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02530

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Wellington J. Pindar

Mailing Address 256 Northwind Drive

City State Zip Code
El Paso TX 79912-3712

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02531

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 849 / 1540
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. John H. Goodrich

Mailing Address 440 W. Chino Canyon Road

City State Zip Code
Palm Springs CA 92262-2906

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02532

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Mary Cannon

Mailing Address 3366 Ardmore Road

City State Zip Code
Cleveland OH 44120-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02533

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Julie Obering

Mailing Address P. O. Box 476

City State Zip Code
Wilson WY 83014-0476

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02534

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 850 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mrs. Jane J. Lanctot

Mailing Address 74 Piedmont Street

City

San Francisco

State

CA

Zip Code

94117-4508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02535

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dennis Lutz

Mailing Address 433 7Th Street N.W..

City

Minot

State

ND

Zip Code

58703-2269

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02536

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Weldon D. Kruger

Mailing Address 9315 Whitney Lane

City

College Station

State

TX

Zip Code

77845-8384

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02537

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 851 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Eric C. Jensen

Mailing Address 131 Mill Road

City

Saddle River

State

NJ

Zip Code

07458-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jensen Research Corporati-
on

Occupation

Computer Programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02538

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard P. Jahnke

Mailing Address 1002 Hawthorn Drive

City

Waukesha

State

WI

Zip Code

53188-2958

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02539

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Allan D. Jergesen

Mailing Address 307 Richardson Drive

City

Mill Valley

State

CA

Zip Code

94941-2574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanson Bridgett L.P.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02540

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 852 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. William H. Grimes

Mailing Address 7500 N. Calle Sin Envidia
 Apartment 2201

City State Zip Code
 Tucson AZ 85718-7352

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02541

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Clarence V. Gordon

Mailing Address 8329 S. Langley Avenue

City State Zip Code
 Chicago IL 60619

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02542

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Timothy J. Anders

Mailing Address 8730 Birch Bark Drive

City State Zip Code
 Sylvania OH 43560-8933

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

M M / D D / Y Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02543

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 853 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Norman C. Reid

Mailing Address 3750 Hilltop Drive

City

Villa Rica

State

GA

Zip Code

30180-3395

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Construction Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02544

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Miss Christina San Gregory

Mailing Address 169 2Nd Avenue

City

Tiffin

State

OH

Zip Code

44883-1322

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Home Fiffin
Ohio

Occupation

S.T.N.A.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02545

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ben N. Dillon

Mailing Address 7311 Falls View Circle

City

Delaware

State

OH

Zip Code

43015-6013

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02546

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 854 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Billy B. Speck

Mailing Address 32 Christopher Court

City

El Sobrante

State

CA

Zip Code

94803-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02547

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Dolores Vanderbeke

Mailing Address 329 Pine Ridge Drive

City

Bloomfield Hills

State

MI

Zip Code

48304-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11AI02548

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alexander M. Wilson

Mailing Address 26875 Nina Place

City

Los Altos

State

CA

Zip Code

94022-2516

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 2009M02L11AI02549

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 855 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR LUTHER J KHACHIGAIN

Mailing Address **P O BOX 1071**

City State Zip Code
VISALIA CA 93279

FEC ID number of contributing
federal political committee.

C

Name of Employer
**CAL WESTERN FRAMING COMPA-
 NY**

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

01 / 04 / 2009

Transaction ID: 2009M02L11ACH00001

Amount of Each Receipt this Period

-1000.00

**ACH RETURN CONTRIBUTION -
 12/03/2008**

B.

Full Name (Last, First, Middle Initial)
MR JOAQUIN RODRIGUEZ

Mailing Address **P O DRAWER 825**

City State Zip Code
EAGLE PASS TX 78853

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

01 / 04 / 2009

Transaction ID: 2009M02L11ACH00002

Amount of Each Receipt this Period

-250.00

**ACH RETURN CONTRIBUTION -
 11/25/2008**

C.

Full Name (Last, First, Middle Initial)
MR JOHN STEPHAN

Mailing Address **406 SCARBOROUGH LANE**

City State Zip Code
MATTHEWS NC 28105

FEC ID number of contributing
federal political committee.

C

Name of Employer
**COASTAL FEDERAL CREDIT UN-
 ION**

Occupation
BUSINESS/RESIDENTIAL MORTGAGE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4533.00

Date of Receipt

01 / 04 / 2009

Transaction ID: 2009M02L11ACH00003

Amount of Each Receipt this Period

-1800.00

**ACH RETURN CONTRIBUTION -
 11/26/2008
 LOAN OFF**

SUBTOTAL of Receipts This Page (optional)

-3050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 856 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS WANDA HILL

Mailing Address 5304 WEST 107TH STREET

City State Zip Code
OAK LAWN IL 60453

FEC ID number of contributing
federal political committee.

C

Name of Employer
METRO FENCE COMPANY

Occupation
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11ACH00004

Amount of Each Receipt this Period

-2000.00

ACH RETURN CONTRIBUTION -
10/31/2008

B.

Full Name (Last, First, Middle Initial)
MR RALPH C TEMPLETON, III

Mailing Address 10149 CRESTOVER DRIVE

City State Zip Code
DALLAS TX 75229

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
CAR WASH EQUIPMENT SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11ACH00005

Amount of Each Receipt this Period

-500.00

ACH RETURN CONTRIBUTION -
10/30/2008

C.

Full Name (Last, First, Middle Initial)
JENNIFER B MILLER

Mailing Address 2310 EAST RANDOLPH AVE

City State Zip Code
ALEXANDRIA VA 22301

FEC ID number of contributing
federal political committee.

C

Name of Employer
DELOITTE & TOUCHE

Occupation
SENIOR MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 2009M02L11ACH00006

Amount of Each Receipt this Period

-200.00

ACH RETURN CONTRIBUTION -
12/05/2008

SUBTOTAL of Receipts This Page (optional)

-2700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 857 / 1540

(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)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR DOUG BUCK

Mailing Address 1179 LAUREL PLACE NE

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing
federal political committee.

C

Name of Employer
SANDIA NATIONAL LABORATOR-
IES

Occupation

MANAGER, RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

Transaction ID: 2009M02L11ACH00007

Amount of Each Receipt this Period

-600.00

ACH RETURN CONTRIBUTION -
12/05/2008**B.**

Full Name (Last, First, Middle Initial)

MR DON BURTON

Mailing Address 595 SIENNA DRIVE

City

CUMMING

State

GA

Zip Code

30040

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

Transaction ID: 2009M02L11ACH00008

Amount of Each Receipt this Period

-150.00

ACH RETURN CONTRIBUTION -
11/05/2008**C.**

Full Name (Last, First, Middle Initial)

CHARLENE AKERS

Mailing Address 8752 FT CAROLINE ROAD

City

JACKSONVILLE

State

FL

Zip Code

32227

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1145.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

Transaction ID: 2009M02L11ACH00009

Amount of Each Receipt this Period

-250.00

ACH RETURN CONTRIBUTION -
11/03/2008

SUBTOTAL of Receipts This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 858 / 1540

(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)
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
CHARLENE AKERS

Mailing Address 8752 FT CAROLINE ROAD

City	State	Zip Code
JACKSONVILLE	FL	32227

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNEMPLOYEDOccupation
UNEMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1145.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

Transaction ID: 2009M02L11ACH00010

Amount of Each Receipt this Period

-250.00

ACH RETURN CONTRIBUTION -
12/05/2008**B.**Full Name (Last, First, Middle Initial)
Ken Prewit

Mailing Address 614 N.W. Avenue I.

City	State	Zip Code
Hamlin	TX	79520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rebecca Ferguson Prewit
Et AlOccupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

102.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	0	9

Transaction ID: 2009M02L11AI00842P

Amount of Each Receipt this Period

102.00

[MEMO ITEM]

C.Full Name (Last, First, Middle Initial)
Paula Rodgers

Mailing Address 520 NW Avenue K

City	State	Zip Code
Hamlin	TX	79520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rebecca Ferguson Prewit
Et AlOccupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

99.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	0	9

Transaction ID: 2009M02L11AI00842P2

Amount of Each Receipt this Period

99.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

-250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 859 / 1540

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Kathy Conklin

Mailing Address Rte 3 Box 79K

City

Lubbock

State

TX

Zip Code

79403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rebecca Ferguson Prewitt
Et Al

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

99.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L11AI00842P3

Amount of Each Receipt this Period

99.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

1192746.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 860 / 1540

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Credit Union Legislative Action Council

Mailing Address 601 Pennsylvania Avenue N.W.
of CUNA/PAC

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 51692665

Amount of Each Receipt this Period

15000.00

B.

Full Name (Last, First, Middle Initial)
Independent Community Bankers PAC

Mailing Address 1615 L. Street
Suite 900

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 51798516

Amount of Each Receipt this Period

15000.00

C.

Full Name (Last, First, Middle Initial)
Price Waterhouse Coopers PAC

Mailing Address 1301 K. Street N.W.
Suite 800 West

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 51820206

Amount of Each Receipt this Period

15000.00

SUBTOTAL of Receipts This Page (optional)

45000.00

TOTAL This Period (last page this line number only)

45000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 861 / 1540

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ambrosian Pastore Foundation

Mailing Address 1075 W. Oden Bay Road

City State Zip Code
Sandpoint ID 83864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L1200001

Amount of Each Receipt this Period

1000.00

W09MAA9

B.

Full Name (Last, First, Middle Initial)

Calvert Victory Fund

Mailing Address 1251 Dartmouth Court

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44.70

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L1200002

Amount of Each Receipt this Period

44.70

09CT09

C.

Full Name (Last, First, Middle Initial)

Lance Myers New Jersey Trust

Mailing Address 1251 Dartmouth Court

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 2009M02L1200003

Amount of Each Receipt this Period

215.00

09CT09

SUBTOTAL of Receipts This Page (optional)

1259.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 862 / 1540

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 Massachusetts Republican Party

Mailing Address 54 High St.
 Apartment #2F

City State Zip Code
 Boston MA 02129

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L1200004

Amount of Each Receipt this Period

20.00

Y09WMTEE

B.

Full Name (Last, First, Middle Initial)
 Mc Cain Palin Victory Ohio

Mailing Address 228 S. Washington Street
 Suite 115

City State Zip Code
 Alexandria VA 22314

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26119.32

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L1200005

Amount of Each Receipt this Period

26119.32

09MPVOH

C.

Full Name (Last, First, Middle Initial)
 Mc Cain Victory 2008

Mailing Address 228 S. Washington Street
 Suite 115

City State Zip Code
 Alexandria VA 22314

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1243167.94

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L1200006

Amount of Each Receipt this Period

1243167.94

09MV09

SUBTOTAL of Receipts This Page (optional)

1269307.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 863 / 1540

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mc Cain Victory Committee

Mailing Address 228 S. Washington Street
Suite 115

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17838.31

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L1200007

Amount of Each Receipt this Period

17838.31

09MV109

B.

Full Name (Last, First, Middle Initial)

Mc Cain Victory Florida

Mailing Address 228 S. Washington Street
Suite 115

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16874.81

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L1200008

Amount of Each Receipt this Period

16874.81

09MVFL

C.

Full Name (Last, First, Middle Initial)

Mc Cain Victory Ohio

Mailing Address 228 S. Washington Street
Suite 115

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

114900.93

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L1200009

Amount of Each Receipt this Period

114900.93

09MVOH

SUBTOTAL of Receipts This Page (optional)

149614.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 864 / 1540

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

McCain Palin Victory 2008

Mailing Address 228 S. Washington Street
Suite 115

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5469929.86

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 2009M02L1200010

Amount of Each Receipt this Period

5469929.86

09MPV09

B.

Full Name (Last, First, Middle Initial)

McCain Victory California

Mailing Address 228 S. Washington Street
Suite 115

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

136022.59

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L1200011

Amount of Each Receipt this Period

136022.59

09MVCA

C.

Full Name (Last, First, Middle Initial)

McCain-Palin California

Mailing Address 228 S. Washington Street
Suite 115

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 2009M02L1200012

Amount of Each Receipt this Period

20000.00

09MPVCA

SUBTOTAL of Receipts This Page (optional)

5625952.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 865 / 1540

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Oregon Republican Party

Mailing Address 1485 Sw 134Th Avenue

City

Beaverton

State

OR

Zip Code

97005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L1200013

Amount of Each Receipt this Period

50.00

Y09WMTEE

B.

Full Name (Last, First, Middle Initial)

Republican Party of Minnesota

Mailing Address 525 Park Street
Suite 250

City

St. Paul

State

MN

Zip Code

55103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: 2009M02L1200014

Amount of Each Receipt this Period

20.00

Y09WMTEE

C.

Full Name (Last, First, Middle Initial)

Shock Victory Trust

Mailing Address 228 S. Washington Street
Suite 115

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.95

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L1200015

Amount of Each Receipt this Period

320.95

09CT09

SUBTOTAL of Receipts This Page (optional)

390.95

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 866 / 1540

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

South Dakota Republican Party

Mailing Address 42482 Golfview Drive

City State Zip Code
Britton SD 57430

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 2009M02L1200016

Amount of Each Receipt this Period

80.00

Y09WMTEE

B.

Full Name (Last, First, Middle Initial)

Tim Bee AZ Trust

Mailing Address 228 S. Washington
Suite 115

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.57

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 2009M02L1200017

Amount of Each Receipt this Period

912.57

09CT09

C.

Full Name (Last, First, Middle Initial)

REP. STATE COMM. OF PA

Mailing Address 301 MARKET STREET
SUITE 900

City State Zip Code
HARRISBURG PA 17101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

104000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L1200018

Amount of Each Receipt this Period

60000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

60992.57

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 867 / 1540

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 REP. STATE COMM. OF PA

Mailing Address **301 MARKET STREET**
SUITE 900

City State Zip Code
HARRISBURG PA 17101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

104000.00

Date of Receipt

01 / 22 / 2009

Transaction ID: 2009M02L1200019

Amount of Each Receipt this Period

44000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)
 REP STATE COMM OF MISSOURI

Mailing Address **P.O. BOX 73**

City State Zip Code
JEFFERSON CITY MO 65102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

01 / 27 / 2009

Transaction ID: 2009M02L1200020

Amount of Each Receipt this Period

200000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

244000.00

TOTAL This Period (last page this line number only)

7351516.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 868 / 1540

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
M.M. BOYCE

Mailing Address **11060 WEYMOUTH CT**
APT 416

City State Zip Code
WALDORF MD 20603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.20

Date of Receipt

01 / 12 / 2009

Transaction ID: 2009M02L1500001

Amount of Each Receipt this Period

159.10

HOSPITALIZATION (CIGNA200-9M2)

B.

Full Name (Last, First, Middle Initial)
M.M. BOYCE

Mailing Address **11060 WEYMOUTH CT**
APT 416

City State Zip Code
WALDORF MD 20603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.20

Date of Receipt

01 / 29 / 2009

Transaction ID: 2009M02L1500002

Amount of Each Receipt this Period

159.10

HOSPITALIZATION (CIGNA2009-M02)

C.

Full Name (Last, First, Middle Initial)
FEDEX EXPRESS

Mailing Address **P.O. BOX 727**

City State Zip Code
MEMPHIS TN 38194-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1894.34

Date of Receipt

01 / 12 / 2009

Transaction ID: 2009M02L1500003

Amount of Each Receipt this Period

976.38

DELIVERY COST (2008 YR EN-D)

SUBTOTAL of Receipts This Page (optional)

1294.58

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA15**

Transaction ID :

Regarding 'Asset Sales' reported on Schedule A supporting Line 15 of our report, occasionally the RNC has used office equipment that we need to dispose of. This equipment may be sold in bulk to a commercial liquidation business or piece by piece to individuals. When this is done, these items are reported as 'asset sale' and the price charged is such that they in no way constitute a political contribution. The used assets liquidated by sale to individuals or business are reported as 'Asset Sale' and are priced at fair market value. These items sold by the RNC are not unique to our business, they are common items found in most business, such as computers and cell phones. As such, the market price for these items are determined by referring to internet auction sites or checking replacement values from retail sources.

A. Form/Schedule : **SA15**

Transaction ID :

With regard to the usual and normal charge for fees received from a federal candidate on Schedule A supporting Line 15, the RNC charges fair market value for services it provides. Prices are intended to recover the cost for providing the service. The services reported on this schedule for which the RNC received payment were not services of a nature which is unique to the RNC. Services of this type are common in the business community and as such, the RNC compares and sets the price charged to prices available from other commercial sources.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 870 / 1540

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
FEDEX EXPRESS

Mailing Address **P.O. BOX 727**

City State Zip Code
MEMPHIS TN 38194-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1894.34

Date of Receipt

01 / 27 / 2009

Transaction ID: 2009M02L1500004

Amount of Each Receipt this Period

917.96

**DUPLICATE PAYMENT (2008
YR END)**

B.

Full Name (Last, First, Middle Initial)
FREEDOM'S WATCH

Mailing Address **401 9TH STREET NW
2ND FLOOR**

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

01 / 12 / 2009

Transaction ID: 2009M02L1500005

Amount of Each Receipt this Period

10000.00

ASSET SALE

C.

Full Name (Last, First, Middle Initial)
HIRSCH FINANCIAL SERVICES, INC

Mailing Address **164 LAKEFRONT DRIVE**

City State Zip Code
HUNT VALLEY MD 21030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3580.02

Date of Receipt

01 / 12 / 2009

Transaction ID: 2009M02L1500006

Amount of Each Receipt this Period

829.50

**COBRA-HOSPITALIZATION(CIG-
NA2009M02)**

SUBTOTAL of Receipts This Page (optional)

11747.46

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 871 / 1540

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
HIRSCH FINANCIAL SERVICES, INC

Mailing Address 164 LAKEFRONT DRIVE

City	State	Zip Code
HUNT VALLEY	MD	21030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3580.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Transaction ID: 2009M02L1500007

Amount of Each Receipt this Period

2750.52

COBRA-HOSPITALIZATION

B.Full Name (Last, First, Middle Initial)
INDIANAPOLIS AIRPORT AUTHORITY

Mailing Address P.O. BOX 51728

City	State	Zip Code
INDIANAPOLIS	IN	46241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	0	9

Transaction ID: 2009M02L1500008

Amount of Each Receipt this Period

3500.00

DUPLICATE PAYMENT (2008
POST-ELECTION)**C.**Full Name (Last, First, Middle Initial)
STEPHEN M. KINNEY

Mailing Address 920 EMERALD STREET

City	State	Zip Code
REDONDO BEACH	CA	90277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Transaction ID: 2009M02L1500009

Amount of Each Receipt this Period

436.63

HOSPITALIZATION(CIGNA2009-
M02)

SUBTOTAL of Receipts This Page (optional)

6687.15

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 872 / 1540

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
LUNGREN FOR CONGRESS

Mailing Address 9321 SILVERBEND LANE

City State Zip Code
ELK GROVE CA 95624-3985

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3475.22

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L1500010

Amount of Each Receipt this Period

3475.22

TRIP FUNDS

B.

Full Name (Last, First, Middle Initial)
MID-CONTINENT HOTEL MANAGEMENT

Mailing Address LLC
3100 GLENDALE AVENUE

City State Zip Code
TOLEDO OH 43614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.70

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 2009M02L1500011

Amount of Each Receipt this Period

226.70

OVERPAYMENT LODGING (10/1-
/2008 HILTON TELED0, OH)

C.

Full Name (Last, First, Middle Initial)
TIMOTHY R PHELPS

Mailing Address 3455 LINCOLN

City State Zip Code
DEARBORN MI 48124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 2009M02L1500012

Amount of Each Receipt this Period

250.00

ASSET SALE

SUBTOTAL of Receipts This Page (optional)

3951.92

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 873 / 1540

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
BO SHANNON

Mailing Address P.O. BOX 5896

City	State	Zip Code
KANSAS CITY	MO	64171

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2437.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: 2009M02L1500013

Amount of Each Receipt this Period

2437.42

REIMB-OVERPAYMENT\$2760-PER
DIEM (2008 YR END)**B.**Full Name (Last, First, Middle Initial)
UNITED STATES POSTAL SERVICE

Mailing Address 2825 LONE PARKWAY

City	State	Zip Code
EAGAN	MN	55121-9640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15309.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	0	9

Transaction ID: 2009M02L1500014

Amount of Each Receipt this Period

15309.56

REFUND POSTAGE (2008 YEAR
END)

SUBTOTAL of Receipts This Page (optional)

17746.98

TOTAL This Period (last page this line number only)

41428.09

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 874 / 1540

(check only one)

<input 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 checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.Full Name (Last, First, Middle Initial)
MEDIA PLACEMENT TECHNOLOGIES

Mailing Address 336 COMMERCE STREET

City	State	Zip Code
ALEXANDRIA	VA	22314-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

764.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	9	

Transaction ID: 2009M02L1600001

Amount of Each Receipt this Period

764.06

MEDIA BUY (2008 POST ELEC-
T-TIM BEE FOR CONG AZ H
8TH DIST- A

SUBTOTAL of Receipts This Page (optional)

764.06

TOTAL This Period (last page this line number only)

764.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 875 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

ABIS, INC

Transaction ID: 2009M02L21A00001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Mailing Address C/O CATHY WELLEN
10330 SOUTH DOLFIELD ROAD

City OWINGS MILL State MD Zip Code 21117

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

ABIS, INC

Transaction ID: 2009M02L21A00002

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	0	9

Mailing Address C/O CATHY WELLEN
10330 SOUTH DOLFIELD ROAD

City OWINGS MILL State MD Zip Code 21117

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

ABIS, INC

Transaction ID: 2009M02L21A00003

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	0	9

Mailing Address C/O CATHY WELLEN
10330 SOUTH DOLFIELD ROAD

City OWINGS MILL State MD Zip Code 21117

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

22484.12

SUBTOTAL of Disbursements This Page (optional)

37484.12

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SB21B**

Transaction ID :

All expenditures listed for Radio Time, Production, Video Production, Telemarketing, Ad Costs, Media Costs, Media Research, Advertising, Satellite Time, Video or Broadcast Costs, Production Costs, Advertising Costs, Video Services, Broadcast Services, Fax Broadcasting, Illustration Costs, Mailing Costs, Photography Costs, Photo Services, Photo Shoot, banner, calligraphy costs, catering costs, event cost, event supplies, graphic services, online banner, production design, projection presentation cost, promotional supplies and Media Services are RNC operating costs. None of these expenditures are Candidate specific. No media related expenditures listed on line 21 are intended for or directed by a specific candidate. They are either generic overhead costs or RNC fundraising costs.

A. Form/Schedule : **SB21B**

Transaction ID :

All expenditures listed for 'art production', 'audio costs', 'entertainment costs', 'music services', 'photography costs', 'photos' and 'reception costs' these are RNC operating costs. None of these expenditures are Candidate specific. No expenditures listed on line 21 are intended for or directed by a specific candidate. They are either generic overhead costs or RNC fundraising costs.

A. Form/Schedule : **SB21B**

Transaction ID :

Payments to another political committee disclosed on Schedule B supporting Line 21(b) are not contributions. They are payments for goods and services received at usual and normal rates. With regard to the usual and normal rates, we are assured the fee is a commercially reasonable rate because we regularly obtain similar products from a variety of sources both political and commercial.

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 878 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ABIS, INC <hr/> Mailing Address C/O CATHY WELLEN 10330 SOUTH DOLFIELD ROAD <hr/> City OWINGS MILL State MD Zip Code 21117 <hr/> Purpose of Disbursement POSTAGE <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 2009M02L21A00004 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 1 2 2 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">41973.57</div>
B. Full Name (Last, First, Middle Initial) ABIS, INC <hr/> Mailing Address C/O CATHY WELLEN 10330 SOUTH DOLFIELD ROAD <hr/> City OWINGS MILL State MD Zip Code 21117 <hr/> Purpose of Disbursement PRINTING COST <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 2009M02L21A00005 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 1 2 9 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">12671.03</div>
C. Full Name (Last, First, Middle Initial) ACE FIRE EXTINGUISHER SRV INC. <hr/> Mailing Address 5117 COLLEGE AVENUE <hr/> City COLLEGE PARK State MD Zip Code 20740 <hr/> Purpose of Disbursement EQUIPMENT RENTAL <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 2009M02L21A00006 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 1 0 9 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">856.65</div>

SUBTOTAL of Disbursements This Page (optional) ►

55501.25

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 879 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ADP, INC Mailing Address P O BOX 9001006	Transaction ID: 2009M02L21A00007 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City LOUISVILLE State KY Zip Code 40290-1006 Purpose of Disbursement PAYROLL COSTS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>101.41</div>
B. Full Name (Last, First, Middle Initial) ADP, INC Mailing Address P O BOX 9001006 City LOUISVILLE State KY Zip Code 40290-1006 Purpose of Disbursement PAYROLL COSTS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00008 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1140.38</div>
C. Full Name (Last, First, Middle Initial) ADP, INC Mailing Address P O BOX 9001006 City LOUISVILLE State KY Zip Code 40290-1006 Purpose of Disbursement PAYROLL COSTS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00009 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1273.41</div>

SUBTOTAL of Disbursements This Page (optional)

2515.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 880 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ADP, INC.	Transaction ID: 2009M02L21A00010 Date of Disbursement
Mailing Address UNEMPLOYMENT P O BOX 78415	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City PHOENIX State AZ Zip Code 85062-8415	Amount of Each Disbursement this Period
Purpose of Disbursement PROCESSING CHARGES	<div>440.13</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ADVANCED DATA SYSTEMS, INC.	Transaction ID: 2009M02L21A00011 Date of Disbursement
Mailing Address ATTN: CAROL WOLFF 1789 COLLEGE PKWY, SUITE 128	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City CARSON CITY State NV Zip Code 89706	Amount of Each Disbursement this Period
Purpose of Disbursement VOTER DATA	<div>350.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: 2009M02L21A00012 Date of Disbursement
Mailing Address PO BOX 1270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City NEWARK State NJ Zip Code 07101-1270	Amount of Each Disbursement this Period
Purpose of Disbursement AIR FARE	<div>15.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

805.13

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) UNITED AIRLINES Mailing Address PO BOX 2013	Transaction ID: 2009M02L21A00012M Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9										
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		1	5		2	0	0	9																						
City CHICAGO State IL Zip Code 60673 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table> [MEMO ITEM]	15.00																													
15.00																															
B. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00013 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		1	5		2	0	0	9																						
20.00																															
C. Full Name (Last, First, Middle Initial) JET BLUE AIRWAYS Mailing Address 118-29 QUEENS BLVD City FOREST HILLS State NY Zip Code 11375 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00013M Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table> [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		1	5		2	0	0	9																						
20.00																															

SUBTOTAL of Disbursements This Page (optional)

20.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 882 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: 2009M02L21A00014 Date of Disbursement																				
Mailing Address PO BOX 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City NEWARK State NJ Zip Code 07101-1270	Amount of Each Disbursement this Period <table border="1"> <tr> <td>59.50</td> </tr> </table>	59.50																			
59.50																					
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: 2009M02L21A00014M Date of Disbursement																				
Mailing Address P O BOX 36611	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period <table border="1"> <tr> <td>59.50</td> </tr> </table>	59.50																			
59.50																					
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: 2009M02L21A00015 Date of Disbursement																				
Mailing Address PO BOX 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City NEWARK State NJ Zip Code 07101-1270	Amount of Each Disbursement this Period <table border="1"> <tr> <td>75.00</td> </tr> </table>	75.00																			
75.00																					
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

134.50

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AIRTRAN AIRWAYS	Transaction ID: 2009M02L21A00015M Date of Disbursement																				
Mailing Address 1800 PHOENIX BLVD STE 126	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ATLANTA State GA Zip Code 30349	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: 2009M02L21A00016 Date of Disbursement																				
Mailing Address PO BOX 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City NEWARK State NJ Zip Code 07101-1270	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>	150.00																			
150.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) FRONTIER AIRLINES	Transaction ID: 2009M02L21A00016M Date of Disbursement																				
Mailing Address FRONTIER CENTER ONE 7001 TOWER RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City DENVER State CO Zip Code 80249	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>	150.00																			
150.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270	Transaction ID: 2009M02L21A00017 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>190.50</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) DELTA AIRLINES Mailing Address 1629 K ST NW City WASHINGTON State DC Zip Code 20006 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00017M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>190.50</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00018 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>228.50</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

419.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 885 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) US AIRWAYS</p> <p>Mailing Address 5620 UNIVERSITY PKWY</p> <p>City WINSTON SALEM State NC Zip Code 27105</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00018M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>228.50</div></p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00019 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>384.00</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) US AIRWAYS</p> <p>Mailing Address 5620 UNIVERSITY PKWY</p> <p>City WINSTON SALEM State NC Zip Code 27105</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00019M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>384.00</div></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

384.00

TOTAL This Period (last page this line number only) ►

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

[MEMO ITEM]

[MEMO ITEM]

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 888 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address PO BOX 1270	Transaction ID: 2009M02L21A00023 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
<div> <div>City NEWARK State NJ Zip Code 07101-1270</div> <div> <div>Purpose of Disbursement AIR FARE</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>538.89</div>
B. Full Name (Last, First, Middle Initial) FRONTIER AIRLINES <hr/> Mailing Address FRONTIER CENTER ONE 7001 TOWER RD	Transaction ID: 2009M02L21A00023M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
<div> <div>City DENVER State CO Zip Code 80249</div> <div> <div>Purpose of Disbursement AIR FARE</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>538.89</div>
C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address PO BOX 1270	Transaction ID: 2009M02L21A00024 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
<div> <div>City NEWARK State NJ Zip Code 07101-1270</div> <div> <div>Purpose of Disbursement AIR FARE</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>539.00</div>

SUBTOTAL of Disbursements This Page (optional)

1077.89

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

[MEMO ITEM]

[MEMO ITEM]

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 890 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270	Transaction ID: 2009M02L21A00026 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>639.00</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) DELTA AIRLINES Mailing Address 1629 K ST NW City WASHINGTON State DC Zip Code 20006 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00026M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>639.00</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00027 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>714.00</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

1353.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270	Transaction ID: 2009M02L21A00029 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1238.00</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) DELTA AIRLINES Mailing Address 1629 K ST NW City WASHINGTON State DC Zip Code 20006 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00029M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1238.00</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00030 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1590.00</div> <div>Category/Type</div>
SUBTOTAL of Disbursements This Page (optional) ▶	<div>2828.00</div>
TOTAL This Period (last page this line number only) ▶	

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: 2009M02L21A00032 Date of Disbursement																				
Mailing Address PO BOX 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City NEWARK State NJ Zip Code 07101-1270	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>-398.00</td> </tr> </table>	-398.00																			
-398.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) HOTEL DUPONT COMPANY	Transaction ID: 2009M02L21A00032M Date of Disbursement																				
Mailing Address 11TH & MARKET STS	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WILMINGTON State DE Zip Code 19899	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>-398.00</td> </tr> </table>	-398.00																			
-398.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: 2009M02L21A00033 Date of Disbursement																				
Mailing Address PO BOX 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City NEWARK State NJ Zip Code 07101-1270	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>573.34</td> </tr> </table>	573.34																			
573.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

175.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 895 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) HILTON GARDEN INN BOWLING</p> <p>Mailing Address GREEN 1020 WILKINSON TRACE</p> <p>City BOWLING GREEN State KY Zip Code 42103</p> <p>Purpose of Disbursement LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00033M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>573.34</div></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00034 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>101.90</div></p>
<p>C. Full Name (Last, First, Middle Initial) B SMITH UNION STATION</p> <p>Mailing Address 50 MASSACHUSETTS AVE NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00034M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>101.90</div></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

101.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270	Transaction ID: 2009M02L21A00035 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>84.61</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) DUNKINDONUTS.COM Mailing Address 150 DEPOT ST City BELLINGHAM State MA Zip Code 02019 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00035M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>84.61</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement PHOTOS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00036 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>35.94</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

120.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MOTO PHOTO INC	Transaction ID: 2009M02L21A00036M Date of Disbursement																				
Mailing Address 7086 CORPORATE WAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City DAYTON State OH Zip Code 45459	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHOTOS	<table border="1"> <tr> <td>35.94</td> </tr> </table>	35.94																			
35.94																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: 2009M02L21A00037 Date of Disbursement																				
Mailing Address PO BOX 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City NEWARK State NJ Zip Code 07101-1270	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL AGENCY SERVICE	<table border="1"> <tr> <td>35.00</td> </tr> </table>	35.00																			
35.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MACNAIR TRAVEL MANAGEMENT	Transaction ID: 2009M02L21A00037M Date of Disbursement																				
Mailing Address 1101 KING ST SUITE 190	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL AGENCY SERVICE	<table border="1"> <tr> <td>35.00</td> </tr> </table>	35.00																			
35.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

SUBTOTAL of Disbursements This Page (optional)

35.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270	Transaction ID: 2009M02L21A00038 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	5		2	0	0	9													
City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement TRAVEL AGENCY SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>35.00</td> </tr> </table>	35.00																				
35.00																						
B. Full Name (Last, First, Middle Initial) MACNAIR TRAVEL MANAGEMENT Mailing Address 1101 KING ST SUITE 190 City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement TRAVEL AGENCY SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00038M Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>35.00</td> </tr> </table> [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9	35.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	5		2	0	0	9													
35.00																						
C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement TRAVEL AGENCY SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00039 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>35.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9	35.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	5		2	0	0	9													
35.00																						

SUBTOTAL of Disbursements This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 899 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 MACNAIR TRAVEL MANAGEMENT

Mailing Address 1101 KING ST SUITE 190

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
 TRAVEL AGENCY SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00039M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
 AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101-1270

Purpose of Disbursement
 TRAVEL AGENCY SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00040

Date of Disbursement

/ /

Amount of Each Disbursement this Period

70.00

C.

Full Name (Last, First, Middle Initial)
 MACNAIR TRAVEL MANAGEMENT

Mailing Address 1101 KING ST SUITE 190

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
 TRAVEL AGENCY SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00040M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 900 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270	Transaction ID: 2009M02L21A00041 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement TRAVEL AGENCY SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>70.00</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) MACNAIR TRAVEL MANAGEMENT Mailing Address 1101 KING ST SUITE 190 City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement TRAVEL AGENCY SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00041M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>70.00</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101-1270 Purpose of Disbursement TRAVEL AGENCY SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00042 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>90.00</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

160.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 901 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MACNAIR TRAVEL MANAGEMENT	Transaction ID: 2009M02L21A00042M Date of Disbursement																				
Mailing Address 1101 KING ST SUITE 190	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL AGENCY SERVICE	<table border="1"> <tr> <td colspan="10">90.00</td> </tr> </table>	90.00																			
90.00																					
Candidate Name	<div>Category/ Type</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: 2009M02L21A00043 Date of Disbursement																				
Mailing Address PO BOX 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City NEWARK State NJ Zip Code 07101-1270	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL AGENCY SERVICE	<table border="1"> <tr> <td colspan="10">230.00</td> </tr> </table>	230.00																			
230.00																					
Candidate Name	<div>Category/ Type</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) MACNAIR TRAVEL MANAGEMENT	Transaction ID: 2009M02L21A00043M Date of Disbursement																				
Mailing Address 1101 KING ST SUITE 190	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL AGENCY SERVICE	<table border="1"> <tr> <td colspan="10">230.00</td> </tr> </table>	230.00																			
230.00																					
Candidate Name	<div>Category/ Type</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

230.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

880.00

880.00

54818.01

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 903 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) A-1 PORTABLE TOILETS	Transaction ID: 2009M02L21A00046 Date of Disbursement																				
Mailing Address 4611 LYCOMING MALL DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City MONTOURSVILLE State PA Zip Code 17754	Amount of Each Disbursement this Period																				
Purpose of Disbursement EQUIPMENT RENTAL Candidate Name	<table border="1"> <tr> <td colspan="10">667.80</td> </tr> </table>	667.80																			
667.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SHELLY ASHENFELTER	Transaction ID: 2009M02L21A00047 Date of Disbursement																				
Mailing Address 2012 NE 15TH AVENUE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City PORTLAND State OR Zip Code 97212	Amount of Each Disbursement this Period																				
Purpose of Disbursement DELIVERY COST Candidate Name	<table border="1"> <tr> <td colspan="10">8.67</td> </tr> </table>	8.67																			
8.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) FED EX	Transaction ID: 2009M02L21A00047M Date of Disbursement																				
Mailing Address P O BOX 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period																				
Purpose of Disbursement DELIVERY COST Candidate Name	<table border="1"> <tr> <td colspan="10">8.67</td> </tr> </table>	8.67																			
8.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

676.47

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 904 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SHELLY ASHENFELTER	Transaction ID: 2009M02L21A00048 Date of Disbursement																				
Mailing Address 2012 NE 15TH AVENUE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PORTLAND State OR Zip Code 97212	Amount of Each Disbursement this Period																				
Purpose of Disbursement INTERNET SERVICES	<table border="1"> <tr> <td>45.95</td> </tr> </table>	45.95																			
45.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) COMCAST	Transaction ID: 2009M02L21A00048M Date of Disbursement																				
Mailing Address P O BOX 3005	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City SOUTHEASTERN State PA Zip Code 19398	Amount of Each Disbursement this Period																				
Purpose of Disbursement INTERNET SERVICES	<table border="1"> <tr> <td>45.95</td> </tr> </table>	45.95																			
45.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SHELLY ASHENFELTER	Transaction ID: 2009M02L21A00049 Date of Disbursement																				
Mailing Address 2012 NE 15TH AVENUE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City PORTLAND State OR Zip Code 97212	Amount of Each Disbursement this Period																				
Purpose of Disbursement INTERNET SERVICES	<table border="1"> <tr> <td>45.95</td> </tr> </table>	45.95																			
45.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

91.90

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 905 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

COMCAST

Mailing Address P O BOX 3005

City
SOUTHEASTERNState
PAZip Code
19398Purpose of Disbursement
INTERNET SERVICES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00049M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

45.95

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

SHELLY ASHENFELTER

Mailing Address 2012 NE 15TH AVENUE

City
PORTLANDState
ORZip Code
97212Purpose of Disbursement
PHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00050

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

49.41

C.

Full Name (Last, First, Middle Initial)

QWEST

Mailing Address P O BOX 91155

City
SEATTLEState
WAZip Code
98111Purpose of Disbursement
PHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00050M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

49.41

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

49.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 906 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SHELLY ASHENFELTER	Transaction ID: 2009M02L21A00051 Date of Disbursement																				
Mailing Address 2012 NE 15TH AVENUE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City PORTLAND State OR Zip Code 97212	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td colspan="10">140.79</td> </tr> </table>	140.79																			
140.79																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) T-MOBILE	Transaction ID: 2009M02L21A00051M Date of Disbursement																				
Mailing Address P O BOX 742596	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City CINCINNATI State OH Zip Code 45274	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td colspan="10">140.79</td> </tr> </table>	140.79																			
140.79																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SHELLY ASHENFELTER	Transaction ID: 2009M02L21A00052 Date of Disbursement																				
Mailing Address 2012 NE 15TH AVENUE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PORTLAND State OR Zip Code 97212	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE CHARGES Candidate Name	<table border="1"> <tr> <td colspan="10">48.95</td> </tr> </table>	48.95																			
48.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

189.74

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 907 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) QWEST Mailing Address P O BOX 91155	Transaction ID: 2009M02L21A00052M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City SEATTLE State WA Zip Code 98111 Purpose of Disbursement TELEPHONE CHARGES Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>48.95</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) SHELLY ASHENFELTER Mailing Address 2012 NE 15TH AVENUE City PORTLAND State OR Zip Code 97212 Purpose of Disbursement TELEPHONE CHARGES Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 2009M02L21A00053 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>137.51</div>
C. Full Name (Last, First, Middle Initial) T-MOBILE Mailing Address P O BOX 742596 City CINCINNATI State OH Zip Code 45274 Purpose of Disbursement TELEPHONE CHARGES Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 2009M02L21A00053M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>137.51</div> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

137.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ASPEN PUBLISHERS, INC.	Transaction ID: 2009M02L21A00054 Date of Disbursement
Mailing Address 4829 INNOVATION WAY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City CHICAGO State IL Zip Code 60682	Amount of Each Disbursement this Period
Purpose of Disbursement SUBSCRIPTION	<div>224.03</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) AT & T MOBILITY	Transaction ID: 2009M02L21A00055 Date of Disbursement
Mailing Address P O BOX 6463	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City CAROL STREAM State IL Zip Code 60197	Amount of Each Disbursement this Period
Purpose of Disbursement PHONE CHARGES	<div>17.44</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) AT & T MOBILITY	Transaction ID: 2009M02L21A00056 Date of Disbursement
Mailing Address P O BOX 6463	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City CAROL STREAM State IL Zip Code 60197	Amount of Each Disbursement this Period
Purpose of Disbursement PHONE CHARGES	<div>66.55</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

308.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 909 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AT & T MOBILITY Mailing Address P O BOX 6463	Transaction ID: 2009M02L21A00057 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City State Zip Code CAROL STREAM IL 60197 Purpose of Disbursement PHONE CHARGES Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>122.28</div>
B. Full Name (Last, First, Middle Initial) AT & T MOBILITY Mailing Address P O BOX 6463 City State Zip Code CAROL STREAM IL 60197 Purpose of Disbursement PHONE CHARGES Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 2009M02L21A00058 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>162.25</div>
C. Full Name (Last, First, Middle Initial) AT & T MOBILITY Mailing Address P O BOX 6463 City State Zip Code CAROL STREAM IL 60197 Purpose of Disbursement PHONE CHARGES Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 2009M02L21A00059 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>185.06</div>

SUBTOTAL of Disbursements This Page (optional)

469.59

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AT & T MOBILITY Mailing Address P O BOX 6463	Transaction ID: 2009M02L21A00063 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City CAROL STREAM State IL Zip Code 60197 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>120.42</div>
B. Full Name (Last, First, Middle Initial) AT & T MOBILITY Mailing Address P O BOX 6463 City CAROL STREAM State IL Zip Code 60197 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00064 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>163.63</div>
C. Full Name (Last, First, Middle Initial) AT & T MOBILITY Mailing Address P O BOX 6463 City CAROL STREAM State IL Zip Code 60197 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00065 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>165.50</div>

SUBTOTAL of Disbursements This Page (optional)

449.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 912 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AUSLEY & MCMULLEN, P.A.	Transaction ID: 2009M02L21A00066 Date of Disbursement																				
Mailing Address PO BOX 391	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City TALLAHASSEE State FL Zip Code 32302	Amount of Each Disbursement this Period																				
Purpose of Disbursement LEGAL CONSULTING	<table border="1"> <tr> <td>1</td><td>2</td><td>1</td><td>3</td><td>.</td><td>7</td><td>5</td> </tr> </table>	1	2	1	3	.	7	5													
1	2	1	3	.	7	5															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) AVIS RENT A CAR SYSTEM, INC.	Transaction ID: 2009M02L21A00067 Date of Disbursement																				
Mailing Address 7876 COLLECTIONS CENTER DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>4</td><td>8</td><td>0</td><td>.</td><td>2</td><td>6</td> </tr> </table>	4	8	0	.	2	6														
4	8	0	.	2	6																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JAY BANNING	Transaction ID: 2009M02L21A00068 Date of Disbursement																				
Mailing Address 2127 CALIFORNIA ST NW APT 205	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>2</td><td>8</td><td>.</td><td>3</td><td>7</td> </tr> </table>	2	8	.	3	7															
2	8	.	3	7																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

12622.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 913 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) HOPS	Transaction ID: 2009M02L21A00068M Date of Disbursement																				
Mailing Address 3625 JEFFERSON DAVIS HWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>28.37</td> </tr> </table>	28.37																			
28.37																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) JAY BANNING	Transaction ID: 2009M02L21A00069 Date of Disbursement																				
Mailing Address 2127 CALIFORNIA ST NW APT 205	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>244.10</td> </tr> </table>	244.10																			
244.10																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) FOUNDING FARMERS RESTAURANT	Transaction ID: 2009M02L21A00069M Date of Disbursement																				
Mailing Address 1924 PENNSYLVANIA AVE NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>244.10</td> </tr> </table>	244.10																			
244.10																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

244.10

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 914 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

JAY BANNING

Transaction ID: 2009M02L21A00070

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Mailing Address 2127 CALIFORNIA ST NW
APT 205

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
PARKING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)

JAY BANNING

Transaction ID: 2009M02L21A00071

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Mailing Address 2127 CALIFORNIA ST NW
APT 205

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
PARKING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

29.00

C.

Full Name (Last, First, Middle Initial)

JAY BANNING

Transaction ID: 2009M02L21A00072

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Mailing Address 2127 CALIFORNIA ST NW
APT 205

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
TAXI

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

18.00

SUBTOTAL of Disbursements This Page (optional)

57.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

[MEMO ITEM]

[MEMO ITEM]

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 919 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MICHAEL BEACH Mailing Address 816 S 18TH ST	Transaction ID: 2009M02L21A00080 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>246.78</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) STAPLES.COM Mailing Address 500 STAPLES DRIVE City FRAMINGHAM State MA Zip Code 01702 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00080M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>246.78</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) MICHAEL BEACH Mailing Address 816 S 18TH ST City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00081 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>249.99</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

496.77

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 920 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) YOU SENDIT INC	Transaction ID: 2009M02L21A00081M Date of Disbursement																				
Mailing Address 1919 S DASCOM AVE THIRD FLOOR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City CAMPBELL State CA Zip Code 95008	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>249.99</td> </tr> </table>	249.99																			
249.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MICHAEL BEACH	Transaction ID: 2009M02L21A00082 Date of Disbursement																				
Mailing Address 816 S 18TH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>249.99</td> </tr> </table>	249.99																			
249.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) YOU SENDIT INC	Transaction ID: 2009M02L21A00082M Date of Disbursement																				
Mailing Address 1919 S DASCOM AVE THIRD FLOOR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City CAMPBELL State CA Zip Code 95008	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>249.99</td> </tr> </table>	249.99																			
249.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

249.99

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 922 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RICHARD BEESON Mailing Address 42616 VISTA RIDGE ROAD	Transaction ID: 2009M02L21A00085 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City PARKER State CO Zip Code 80138 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>513.00</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) TABLE MOUNTAIN TRAVEL SERVICE Mailing Address 14062 DENVER WEST PKWY STE 100 City LAKEWOOD State CO Zip Code 80401 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 2009M02L21A00085M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>513.00</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) RICHARD BEESON Mailing Address 42616 VISTA RIDGE ROAD City PARKER State CO Zip Code 80138 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 2009M02L21A00086 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1273.20</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

1786.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 923 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
TABLE MOUNTAIN TRAVEL SERVICE

Mailing Address **14062 DENVER WEST PKWY STE 100**

City **LAKEWOOD** State **CO** Zip Code **80401**

Purpose of Disbursement
AIR FARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00086M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RICHARD BEESON

Mailing Address **42616 VISTA RIDGE ROAD**

City **PARKER** State **CO** Zip Code **80138**

Purpose of Disbursement
CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00087

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
BGI SHARED SERVICES

Mailing Address **BUDGET RENT A CAR SYSTEMS,INC**
14297 COLLECTIONS CENTER DR

City **CHICAGO** State **IL** Zip Code **60693**

Purpose of Disbursement
CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00087M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

124.48

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 924 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
RICHARD BEESON

Mailing Address 42616 VISTA RIDGE ROAD

City State Zip Code
PARKER CO 80138Purpose of Disbursement
CAR RENTAL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00088
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

231.43

B.

Full Name (Last, First, Middle Initial)
THE HERTZ CORPORATIONMailing Address COMMERCIAL BILLING DEPT 1124
PO BOX 121124City State Zip Code
DALLAS TX 75312Purpose of Disbursement
CAR RENTAL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00088M
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

231.43

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
RICHARD BEESON

Mailing Address 42616 VISTA RIDGE ROAD

City State Zip Code
PARKER CO 80138Purpose of Disbursement
FUEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00089
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

19.10

SUBTOTAL of Disbursements This Page (optional)

250.53

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 925 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RICHARD BEESON	Transaction ID: 2009M02L21A00090 Date of Disbursement																				
Mailing Address 42616 VISTA RIDGE ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City PARKER State CO Zip Code 80138	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">138.93</td> </tr> </table>	138.93																			
138.93																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) HOMEWOOD SUITES	Transaction ID: 2009M02L21A00090M Date of Disbursement																				
Mailing Address 115 HUTCHINSON AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City COLUMBUS State OH Zip Code 43235	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">138.93</td> </tr> </table>	138.93																			
138.93																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) RICHARD BEESON	Transaction ID: 2009M02L21A00091 Date of Disbursement																				
Mailing Address 42616 VISTA RIDGE ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City PARKER State CO Zip Code 80138	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">494.39</td> </tr> </table>	494.39																			
494.39																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

633.32

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) FONTAIN BLEAU Mailing Address 4441 COLLINS AVE	Transaction ID: 2009M02L21A00091M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City State Zip Code MIAMI BEACH FL 33140 Purpose of Disbursement LODGING Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>494.39</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) RICHARD BEESON Mailing Address 42616 VISTA RIDGE ROAD City State Zip Code PARKER CO 80138 Purpose of Disbursement LODGING,CAR RENTAL Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 2009M02L21A00092 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1018.20</div>
C. Full Name (Last, First, Middle Initial) TABLE MOUNTAIN TRAVEL SERVICE Mailing Address 14062 DENVER WEST PKWY STE 100 City State Zip Code LAKEWOOD CO 80401 Purpose of Disbursement LODGING,CAR RENTAL Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 2009M02L21A00092M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1018.20</div> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

1018.20

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RICHARD BEESON Mailing Address 42616 VISTA RIDGE ROAD	Transaction ID: 2009M02L21A00093 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City PARKER State CO Zip Code 80138 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>90.56</div>
B. Full Name (Last, First, Middle Initial) HARD TIMES CAFE Mailing Address 1404 KING ST City ALEXANDRIA State VA Zip Code 22305 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00093M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>90.56</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) RICHARD BEESON Mailing Address 42616 VISTA RIDGE ROAD City PARKER State CO Zip Code 80138 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00094 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>214.34</div>

SUBTOTAL of Disbursements This Page (optional)

304.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 928 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TAVERNA THE GREEK ISLANDS	Transaction ID: 2009M02L21A00094M Date of Disbursement																				
Mailing Address 305 PENN AVE SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">214.34</td> </tr> </table>	214.34																			
214.34																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) TIM BEE FOR CONGRESS	Transaction ID: 2009M02L21A00095 Date of Disbursement																				
Mailing Address PO BOX 31985	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City TUSCON State AZ Zip Code 85751	Amount of Each Disbursement this Period																				
Purpose of Disbursement EXCESS TRIP FUNDS	<table border="1"> <tr> <td colspan="10">13300.71</td> </tr> </table>	13300.71																			
13300.71																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ANDREW BELL	Transaction ID: 2009M02L21A00096 Date of Disbursement																				
Mailing Address 1710 WINTERLOCHEN ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City FAYETTEVILLE State NC Zip Code 28305	Amount of Each Disbursement this Period																				
Purpose of Disbursement PER DIEM	<table border="1"> <tr> <td colspan="10">110.00</td> </tr> </table>	110.00																			
110.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

13410.71

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BFPE INTERNATIONAL <hr/> Mailing Address P O BOX 630067	Transaction ID: 2009M02L21A00100 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
<div> <div>City BALTIMORE State MD Zip Code 21263</div> <div>Purpose of Disbursement EQUIPMENT MAINTENANCE</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: </div>	Amount of Each Disbursement this Period <div>325.00</div>
B. Full Name (Last, First, Middle Initial) BGI SHARED SERVICES <hr/> Mailing Address BUDGET RENT A CAR SYSTEMS,INC 14297 COLLECTIONS CENTER DR	Transaction ID: 2009M02L21A00101 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
<div> <div>City CHICAGO State IL Zip Code 60693</div> <div>Purpose of Disbursement CAR RENTAL</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: </div>	Amount of Each Disbursement this Period <div>55.13</div>
C. Full Name (Last, First, Middle Initial) BGI SHARED SERVICES <hr/> Mailing Address BUDGET RENT A CAR SYSTEMS,INC 14297 COLLECTIONS CENTER DR	Transaction ID: 2009M02L21A00102 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
<div> <div>City CHICAGO State IL Zip Code 60693</div> <div>Purpose of Disbursement CAR RENTAL</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: </div>	Amount of Each Disbursement this Period <div>222.39</div>

SUBTOTAL of Disbursements This Page (optional) ►

602.52

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BGI SHARED SERVICES	Transaction ID: 2009M02L21A00103 Date of Disbursement
Mailing Address BUDGET RENT A CAR SYSTEMS,INC 14297 COLLECTIONS CENTER DR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period
Purpose of Disbursement CAR RENTAL	<div>320.27</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BGI SHARED SERVICES	Transaction ID: 2009M02L21A00104 Date of Disbursement
Mailing Address BUDGET RENT A CAR SYSTEMS,INC 14297 COLLECTIONS CENTER DR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period
Purpose of Disbursement CAR RENTAL	<div>10428.55</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BUDGET RENT A CAR SYSTEMS,INC	Transaction ID: 2009M02L21A00105 Date of Disbursement
Mailing Address 14297 COLLECTIONS CENTER DR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period
Purpose of Disbursement CAR RENTAL	<div>84.26</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

10833.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 932 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BUDGET RENT A CAR SYSTEMS,INC	Transaction ID: 2009M02L21A00106 Date of Disbursement																				
Mailing Address 14297 COLLECTIONS CENTER DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>303.21</td> </tr> </table>	303.21																			
303.21																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BUDGET RENT A CAR SYSTEMS,INC	Transaction ID: 2009M02L21A00107 Date of Disbursement																				
Mailing Address 14297 COLLECTIONS CENTER DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>371.36</td> </tr> </table>	371.36																			
371.36																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) BUDGET RENT A CAR SYSTEMS,INC	Transaction ID: 2009M02L21A00108 Date of Disbursement																				
Mailing Address 14297 COLLECTIONS CENTER DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>418.99</td> </tr> </table>	418.99																			
418.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1093.56

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 933 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BUDGET RENT A CAR SYSTEMS,INC	Transaction ID: 2009M02L21A00109 Date of Disbursement																				
Mailing Address 14297 COLLECTIONS CENTER DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>529.48</td> </tr> </table>	529.48																			
529.48																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BUDGET RENT A CAR SYSTEMS,INC	Transaction ID: 2009M02L21A00110 Date of Disbursement																				
Mailing Address 14297 COLLECTIONS CENTER DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>762.37</td> </tr> </table>	762.37																			
762.37																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) BLAIR HOUSE	Transaction ID: 2009M02L21A00111 Date of Disbursement																				
Mailing Address 1651 PENNSYLVANIA AVE,NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City WASHINGTON State DC Zip Code 20503	Amount of Each Disbursement this Period																				
Purpose of Disbursement CATERING COST	<table border="1"> <tr> <td>6375.47</td> </tr> </table>	6375.47																			
6375.47																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7667.32

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

State: District:

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 935 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NICHOLAS BREEDING	Transaction ID: 2009M02L21A00115 Date of Disbursement																				
Mailing Address 3833 RIVER RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City HOPEWELL State VA Zip Code 23860	Amount of Each Disbursement this Period																				
Purpose of Disbursement PER DIEM	<table border="1"> <tr> <td colspan="10">430.77</td> </tr> </table>	430.77																			
430.77																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ELLIOTT BROIDY	Transaction ID: 2009M02L21A00116 Date of Disbursement																				
Mailing Address 1901 CENTURY PARK EAST SUITE 2150	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LOS ANGELES State CA Zip Code 90067	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td colspan="10">6916.00</td> </tr> </table>	6916.00																			
6916.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) UNITED AIRLINES	Transaction ID: 2009M02L21A00116M Date of Disbursement																				
Mailing Address PO BOX 2013	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City CHICAGO State IL Zip Code 60673	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td colspan="10">6916.00</td> </tr> </table>	6916.00																			
6916.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7346.77

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ELLIOTT BROIDY	Transaction ID: 2009M02L21A00117 Date of Disbursement																				
Mailing Address 1901 CENTURY PARK EAST SUITE 2150	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LOS ANGELES State CA Zip Code 90067	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td>27197.59</td> </tr> </table>	27197.59																			
27197.59																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) NET JETS AVIATION	Transaction ID: 2009M02L21A00117M Date of Disbursement																				
Mailing Address 581 MAIN ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WOODBRIDGE State NJ Zip Code 07095	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td>27197.59</td> </tr> </table>	27197.59																			
27197.59																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) ELLIOTT BROIDY	Transaction ID: 2009M02L21A00118 Date of Disbursement																				
Mailing Address 1901 CENTURY PARK EAST SUITE 2150	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LOS ANGELES State CA Zip Code 90067	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING Candidate Name	<table border="1"> <tr> <td>1281.35</td> </tr> </table>	1281.35																			
1281.35																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

28478.94

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
ST REGIS, WASHINGTON DC

Mailing Address 923 16TH AND K ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00118M
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Amount of Each Disbursement this Period

1281.35

[MEMO ITEM]**B.**Full Name (Last, First, Middle Initial)
ELLIOTT BROIDYMailing Address 1901 CENTURY PARK EAST
SUITE 2150

City LOS ANGELES State CA Zip Code 90067

Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00119
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Amount of Each Disbursement this Period

1431.25

C.Full Name (Last, First, Middle Initial)
MANDARIN HOTEL, WASHINGTON DC

Mailing Address 1330 MARYLAND AVE SW

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00119M
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Amount of Each Disbursement this Period

1431.25

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1431.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 938 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ELLIOTT BROIDY

Mailing Address **1901 CENTURY PARK EAST
 SUITE 2150**

City **LOS ANGELES** State **CA** Zip Code **90067**

Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00120
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2196.72

B.

Full Name (Last, First, Middle Initial)
THE SANCTUARY

Mailing Address **AT KIAWAH ISLAND GOLF RESORT
 ONE SANCTUARY BEACH DRIVE**

City **KIAWAH ISLAND** State **SC** Zip Code **29455**

Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00120M
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2196.72

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
ELLIOTT BROIDY

Mailing Address **1901 CENTURY PARK EAST
 SUITE 2150**

City **LOS ANGELES** State **CA** Zip Code **90067**

Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00121
Date of Disbursement

/ /

Amount of Each Disbursement this Period

4304.57

SUBTOTAL of Disbursements This Page (optional)

6501.29

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 939 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) FOUR POINTS BY SHERATON MINNEA	Transaction ID: 2009M02L21A00121M Date of Disbursement
Mailing Address 1330 INDUSTRIAL BLVD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City MINNEAPOLIS State MN Zip Code 55413	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>4304.57</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM]	
B. Full Name (Last, First, Middle Initial) ELLIOTT BROIDY	Transaction ID: 2009M02L21A00122 Date of Disbursement
Mailing Address 1901 CENTURY PARK EAST SUITE 2150	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City LOS ANGELES State CA Zip Code 90067	Amount of Each Disbursement this Period
Purpose of Disbursement TRANSPORTATION	<div>36383.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM]	
C. Full Name (Last, First, Middle Initial) CLS WORLDWIDE CHAUFFEURED SVC	Transaction ID: 2009M02L21A00122M Date of Disbursement
Mailing Address 225 MEADOWLANDS PARKWAY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City SECAUCUS State NJ Zip Code 07094	Amount of Each Disbursement this Period
Purpose of Disbursement TRANSPORTATION	<div>36383.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

36383.50

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 941 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RANDALL L. BUMPS	Transaction ID: 2009M02L21A00126 Date of Disbursement
Mailing Address 35 BUTLER HILL ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City MINOT State ME Zip Code 04258	Amount of Each Disbursement this Period
Purpose of Disbursement AIR FARE	<div>943.20</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) NORTHWEST AIRLINES	Transaction ID: 2009M02L21A00126M Date of Disbursement
Mailing Address 4000 E SKY HARBOR BLVD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period
Purpose of Disbursement AIR FARE	<div>943.20</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RANDALL L. BUMPS	Transaction ID: 2009M02L21A00127 Date of Disbursement
Mailing Address 35 BUTLER HILL ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City MINOT State ME Zip Code 04258	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>19.01</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

962.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 942 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 ROCK BOTTOM, ST PAUL MN

Mailing Address 4300 GLUMACK DRIVE

City ST PAUL State MN Zip Code 55111

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00127M
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

19.01

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
 RANDALL L. BUMPS

Mailing Address 35 BUTLER HILL ROAD

City MINOT State ME Zip Code 04258

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00128
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.62

C.

Full Name (Last, First, Middle Initial)
 O'GARA, ST PAUL

Mailing Address 164 NORTH SHELLING AVE

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00128M
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.62

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

23.62

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 943 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

RANDALL L. BUMPS

Mailing Address 35 BUTLER HILL ROAD

City
MINOTState
MEZip Code
04258Purpose of Disbursement
MILEAGE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00129

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

112.75

B.

Full Name (Last, First, Middle Initial)

RANDALL L. BUMPS

Mailing Address 35 BUTLER HILL ROAD

City
MINOTState
MEZip Code
04258Purpose of Disbursement
PARKING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00130

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

28.00

C.

Full Name (Last, First, Middle Initial)

RANDALL L. BUMPS

Mailing Address 35 BUTLER HILL ROAD

City
MINOTState
MEZip Code
04258Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00131

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

633.00

SUBTOTAL of Disbursements This Page (optional)

773.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 944 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement TELEPHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00131M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>633.00</div></p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) THE BUS BANK</p> <p>Mailing Address 200 WEST ADAMS</p> <p>City CHICAGO State IL Zip Code 60606</p> <p>Purpose of Disbursement TRANSPORTATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00132 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>30000.00</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SEAN CAIRNCROSS</p> <p>Mailing Address 2113 12TH ST NW</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement AIR BAGGAGE COST</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00133 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>15.00</div></p>

SUBTOTAL of Disbursements This Page (optional)

30015.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 945 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NORTHWEST AIRLINES	Transaction ID: 2009M02L21A00133M Date of Disbursement																				
Mailing Address 4000 E SKY HARBOR BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR BAGGAGE COST Candidate Name	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SEAN CAIRNCROSS	Transaction ID: 2009M02L21A00134 Date of Disbursement																				
Mailing Address 2113 12TH ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">1719.00</td> </tr> </table>	1719.00																			
1719.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) NORTHWEST AIRLINES	Transaction ID: 2009M02L21A00134M Date of Disbursement																				
Mailing Address 4000 E SKY HARBOR BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">1719.00</td> </tr> </table>	1719.00																			
1719.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1719.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SEAN CAIRNCROSS	Transaction ID: 2009M02L21A00135 Date of Disbursement																				
Mailing Address 2113 12TH ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>2</td><td>1</td><td>3</td><td>.</td><td>1</td><td>2</td> </tr> </table>	2	1	3	.	1	2														
2	1	3	.	1	2																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) NATIONAL CAR RENTAL	Transaction ID: 2009M02L21A00135M Date of Disbursement																				
Mailing Address P O BOX 402334	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City ATLANTA State GA Zip Code 30384	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>2</td><td>1</td><td>3</td><td>.</td><td>1</td><td>2</td> </tr> </table>	2	1	3	.	1	2														
2	1	3	.	1	2																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SEAN CAIRNCROSS	Transaction ID: 2009M02L21A00136 Date of Disbursement																				
Mailing Address 2113 12TH ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING,PARKING	<table border="1"> <tr> <td>1</td><td>4</td><td>3</td><td>9</td><td>.</td><td>3</td><td>5</td> </tr> </table>	1	4	3	9	.	3	5													
1	4	3	9	.	3	5															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1652.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) HILTON GARDEN INN-ST PAUL CITY	Transaction ID: 2009M02L21A00136M Date of Disbursement
Mailing Address 411 MINNESOTA STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ST PAUL State MN Zip Code 55101	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING,PARKING	<div>1439.35</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) SEAN CAIRNCROSS	Transaction ID: 2009M02L21A00137 Date of Disbursement
Mailing Address 2113 12TH ST NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>2.41</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) STARBUCKS, MINNEAPOLIS MN	Transaction ID: 2009M02L21A00137M Date of Disbursement
Mailing Address 7150 HUMPHREY DR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City MINNEAPOLIS State MN Zip Code 55450	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>2.41</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

2.41

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 949 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	Transaction ID: 2009M02L21A00140 Date of Disbursement																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement CATERING,EQUIPMENT RENTAL	<table border="1"> <tr> <td>10799.16</td> </tr> </table>	10799.16																			
10799.16																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	Transaction ID: 2009M02L21A00141 Date of Disbursement																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>32.45</td> </tr> </table>	32.45																			
32.45																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	Transaction ID: 2009M02L21A00142 Date of Disbursement																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>111.52</td> </tr> </table>	111.52																			
111.52																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

10943.13

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	<p>Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB</p> <p>Mailing Address 300 FIRST STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00143</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>141.49</div> </p>
B.	<p>Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB</p> <p>Mailing Address 300 FIRST STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00144</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>449.62</div> </p>
C.	<p>Full Name (Last, First, Middle Initial) CAPITOL HILL SUITES</p> <p>Mailing Address 200 C. STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00145</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1254.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

1845.11

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CAPITOL HILL SUITES Mailing Address 200 C. STREET SE	Transaction ID: 2009M02L21A00146 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>8615.16</div>
B. Full Name (Last, First, Middle Initial) CAPITOL HILL SUITES Mailing Address 200 C. STREET SE	Transaction ID: 2009M02L21A00147 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PARKING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>500.00</div>
C. Full Name (Last, First, Middle Initial) CARDINAL COMMUNICATION Mailing Address STRATEGIES, LLC 925 UNIVERSITY AVE #A	Transaction ID: 2009M02L21A00148 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City SACRAMENTO State CA Zip Code 95825-6709 Purpose of Disbursement TELEMARKETING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1790.80</div>

SUBTOTAL of Disbursements This Page (optional)

10905.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) MIK CARPENTER</p> <p>Mailing Address 2727 SOUTH QUINCY STREET #1104</p> <p>City ARLINGTON State VA Zip Code 22206</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00149 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 246.08</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) COSI, WASHINGTON DC</p> <p>Mailing Address 301 PENNSYLVANIA AVE SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00149M Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 246.08</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MIK CARPENTER</p> <p>Mailing Address 2727 SOUTH QUINCY STREET #1104</p> <p>City ARLINGTON State VA Zip Code 22206</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00150 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 364.93</p>

SUBTOTAL of Disbursements This Page (optional)

611.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MOE'S SOUTHWEST GRILL	Transaction ID: 2009M02L21A00150M Date of Disbursement
Mailing Address 7698 A RICHMOND HWY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22306	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>364.93</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) C. FORBES, INC	Transaction ID: 2009M02L21A00151 Date of Disbursement
Mailing Address 12830 WEST CREEK PKWY SUITE J	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City RICHMOND State VA Zip Code 23238	Amount of Each Disbursement this Period
Purpose of Disbursement OFFICE SUPPLIES	<div>1500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) C. FORBES, INC	Transaction ID: 2009M02L21A00152 Date of Disbursement
Mailing Address 12830 WEST CREEK PKWY SUITE J	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City RICHMOND State VA Zip Code 23238	Amount of Each Disbursement this Period
Purpose of Disbursement OFFICE SUPPLIES	<div>4732.78</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6232.78

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CHAPEL VALLEY LANDSCAPE

Mailing Address **P OO BOX 159**

City **WOODBINE** State **MD** Zip Code **21797**

Purpose of Disbursement
LAWNCARE MAINTENANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00153
Date of Disbursement

/ /

Amount of Each Disbursement this Period

515.00

B.

Full Name (Last, First, Middle Initial)
CHARGER PRESS

Mailing Address **6088 STATE ROUTE 128
SUITE 4**

City **MIAMITOWN** State **OH** Zip Code **40541**

Purpose of Disbursement
VOID ISSUED IN ERROR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00154
Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1491.00

C.

Full Name (Last, First, Middle Initial)
CHRYSLER

Mailing Address **P O BOX 91703**

City **CHICAGO** State **IL** Zip Code **60693**

Purpose of Disbursement
VEHICLE LEASING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00155
Date of Disbursement

/ /

Amount of Each Disbursement this Period

480.00

SUBTOTAL of Disbursements This Page (optional)

-496.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CIGNA GROUP INSURANCE</p> <p>Mailing Address LINA PO BOX 13701</p> <p>City PHILADELPHIA State PA Zip Code 19101</p> <p>Purpose of Disbursement INSURANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00156 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>664.71</div></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CIGNA GROUP INSURANCE</p> <p>Mailing Address LINA PO BOX 13701</p> <p>City PHILADELPHIA State PA Zip Code 19101</p> <p>Purpose of Disbursement INSURANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00157 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1622.18</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CIGNA GROUP INSURANCE</p> <p>Mailing Address LINA PO BOX 13701</p> <p>City PHILADELPHIA State PA Zip Code 19101</p> <p>Purpose of Disbursement INSURANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00158 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2991.19</div></p>

SUBTOTAL of Disbursements This Page (optional) ►

5278.08

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE	Transaction ID: 2009M02L21A00159 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement DATA ENTRY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>120.42</div>
B. Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement DATA ENTRY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00160 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>182.60</div>
C. Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement DATA ENTRY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00161 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2228.98</div>

SUBTOTAL of Disbursements This Page (optional)

2532.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE	Transaction ID: 2009M02L21A00162 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement DATA ENTRY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2228.98</div>
B. Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement EQUIPMENT ACCESS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00163 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>620.00</div>
C. Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement EQUIPMENT ACCESS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00164 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>930.00</div>

SUBTOTAL of Disbursements This Page (optional)

3778.98

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
FILE MAINTENANCE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00165
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

17.40

B.Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
FILE MAINTENANCE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00166
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

75.00

C.Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
FILE MAINTENANCE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00167
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

167.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE	Transaction ID: 2009M02L21A00168 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>150.00</div>
B. Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00169 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>210.86</div>
C. Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00170 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>302.18</div>

SUBTOTAL of Disbursements This Page (optional)

663.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE	Transaction ID: 2009M02L21A00171 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>341.63</div>
B. Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00172 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>472.00</div>
C. Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00173 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>848.08</div>

SUBTOTAL of Disbursements This Page (optional)

1661.71

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE	Transaction ID: 2009M02L21A00177 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>3689.00</div>
B. Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00178 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>9523.20</div>
C. Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00179 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>38092.80</div>

SUBTOTAL of Disbursements This Page (optional)

51305.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
LIST EXCHANGE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00180
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Disbursement this Period

150.00

B.Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
LIST EXCHANGE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00181
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Disbursement this Period

665.28

C.Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
OFF LINE MAINTENANCE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00182
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Amount of Each Disbursement this Period

7794.41

SUBTOTAL of Disbursements This Page (optional)

8609.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE	Transaction ID: 2009M02L21A00183 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City State Zip Code FALLS CHURCH VA 22043 Purpose of Disbursement STORAGE COST Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>2056.34</div>
B. Full Name (Last, First, Middle Initial) MOLLY COGAN Mailing Address 10011 S 170TH CIRCLE City State Zip Code OMAHA NE 68136 Purpose of Disbursement PER DIEM Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 2009M02L21A00184 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>326.00</div>
C. Full Name (Last, First, Middle Initial) COGNITIVE DATA, INC Mailing Address PMB 132 300 S. RODNEY PARHAM RD,STE 1 City State Zip Code LITTLE ROCK AR 72205 Purpose of Disbursement DATA PROCESSING Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 2009M02L21A00185 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>284.09</div>

SUBTOTAL of Disbursements This Page (optional)

2666.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) COGNITIVE DATA, INC</p> <p>Mailing Address PMB 132 300 S. RODNEY PARHAM RD,STE 1</p> <p>City LITTLE ROCK State AR Zip Code 72205</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00186 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>3074.76</div></p>
<p>B. Full Name (Last, First, Middle Initial) COMCAST</p> <p>Mailing Address P O BOX 3005</p> <p>City SOUTHEASTERN State PA Zip Code 19398</p> <p>Purpose of Disbursement CABLE TV SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00187 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1389.49</div></p>
<p>C. Full Name (Last, First, Middle Initial) COMCAST</p> <p>Mailing Address P O BOX 3005</p> <p>City SOUTHEASTERN State PA Zip Code 19398</p> <p>Purpose of Disbursement CABLE TV SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00188 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1389.49</div></p>

SUBTOTAL of Disbursements This Page (optional)

5853.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) COMMUNICATIONS ENGINEERING, INC <hr/> Mailing Address 8500 CINDER BED RD SUITE 100 <hr/> City NEWINGTON State VA Zip Code 22122-8500 <hr/> Purpose of Disbursement EQUIPMENT MAINTENANCE <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 2009M02L21A00189 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 1 1 5 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">465.30</div>
B. Full Name (Last, First, Middle Initial) COMMUNICATIONS ENGINEERING, INC <hr/> Mailing Address 8500 CINDER BED RD SUITE 100 <hr/> City NEWINGTON State VA Zip Code 22122-8500 <hr/> Purpose of Disbursement REPAIR COST <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 2009M02L21A00190 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 1 1 5 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">158.63</div>
C. Full Name (Last, First, Middle Initial) CONGRESSIONAL LIQUORS <hr/> Mailing Address 404 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20009 <hr/> Purpose of Disbursement OFFICE SUPPLIES <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 2009M02L21A00191 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 1 2 9 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">40.52</div>

SUBTOTAL of Disbursements This Page (optional)

664.45

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CORPORATE CARE Mailing Address 3530 WEST T. C. JESTER	Transaction ID: 2009M02L21A00195 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City HOUSTON State TX Zip Code 77018-5047 Purpose of Disbursement CARPET CLEANING SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>8313.89</div>
B. Full Name (Last, First, Middle Initial) COVINGTON & BURLING LLP Mailing Address 1201 PENNSYLVANIA AVE NW City WASHINGTON State DC Zip Code 20004 Purpose of Disbursement LEGAL CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00196 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>394.50</div>
C. Full Name (Last, First, Middle Initial) COVINGTON & BURLING LLP Mailing Address 1201 PENNSYLVANIA AVE NW City WASHINGTON State DC Zip Code 20004 Purpose of Disbursement LEGAL CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00197 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>3195.38</div>

SUBTOTAL of Disbursements This Page (optional)

11903.77

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

3000.00

250.00

1202.80

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 970 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
 CROWN PLAZA RESORT ASHEVILLE

Mailing Address ONE RESORT DRIVE

City ASHEVILLE State NC Zip Code 28806

Purpose of Disbursement
 LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00201
Date of Disbursement

/ /

Amount of Each Disbursement this Period

567.76

B. Full Name (Last, First, Middle Initial)
 DAR CONSTITUTION HALL

Mailing Address 18TH AND D ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
 VENUE RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00202
Date of Disbursement

/ /

Amount of Each Disbursement this Period

9000.00

C. Full Name (Last, First, Middle Initial)
 DATAWATCH SYSTEMS, INC

Mailing Address P O BOX 79845

City BALTIMORE State MD Zip Code 21279

Purpose of Disbursement
 SECURITY MAINTENANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00203
Date of Disbursement

/ /

Amount of Each Disbursement this Period

133.94

SUBTOTAL of Disbursements This Page (optional)

9701.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 971 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DATAWATCH SYSTEMS, INC	Transaction ID: 2009M02L21A00204 Date of Disbursement																				
Mailing Address P O BOX 79845	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City BALTIMORE State MD Zip Code 21279	Amount of Each Disbursement this Period																				
Purpose of Disbursement SECURITY MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">133.94</td> </tr> </table>	133.94																			
133.94																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) DAVCO ADVERTISING, INC	Transaction ID: 2009M02L21A00205 Date of Disbursement																				
Mailing Address PO BOX 288	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City KINZERS State PA Zip Code 17535	Amount of Each Disbursement this Period																				
Purpose of Disbursement PRINTING COST Candidate Name	<table border="1"> <tr> <td colspan="10">968.94</td> </tr> </table>	968.94																			
968.94																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) D.C TREASURER SALES & USE TAX	Transaction ID: 2009M02L21A00206 Date of Disbursement																				
Mailing Address PO BOX 96384	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period																				
Purpose of Disbursement SALES & USE TAX Candidate Name	<table border="1"> <tr> <td colspan="10">7.45</td> </tr> </table>	7.45																			
7.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1110.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) D.C TREASURER SALES & USE TAX	Transaction ID: 2009M02L21A00207 Date of Disbursement																				
Mailing Address PO BOX 96384	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20090 Purpose of Disbursement SALES & USE TAX Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>8.63</td> </tr> </table>	8.63																			
8.63																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
B. Full Name (Last, First, Middle Initial) D.C TREASURER SALES & USE TAX	Transaction ID: 2009M02L21A00208 Date of Disbursement																				
Mailing Address PO BOX 96384	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20090 Purpose of Disbursement SALES & USE TAX Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>10.53</td> </tr> </table>	10.53																			
10.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
C. Full Name (Last, First, Middle Initial) D.C TREASURER SALES & USE TAX	Transaction ID: 2009M02L21A00209 Date of Disbursement																				
Mailing Address PO BOX 96384	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20090 Purpose of Disbursement SALES & USE TAX Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>19.55</td> </tr> </table>	19.55																			
19.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

38.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
 D.C TREASURER SALES & USE TAX

Mailing Address PO BOX 96384

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement
 SALES & USE TAX

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00210

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

23.99

B. Full Name (Last, First, Middle Initial)
 D.C TREASURER SALES & USE TAX

Mailing Address PO BOX 96384

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement
 SALES & USE TAX

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00211

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

27.44

C. Full Name (Last, First, Middle Initial)
 D.C TREASURER SALES & USE TAX

Mailing Address PO BOX 96384

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement
 SALES & USE TAX

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00212

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

46.00

SUBTOTAL of Disbursements This Page (optional) ►

97.43

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 974 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) D.C TREASURER SALES & USE TAX	Transaction ID: 2009M02L21A00213 Date of Disbursement																				
Mailing Address PO BOX 96384	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20090 Purpose of Disbursement SALES & USE TAX Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>120.75</td> </tr> </table>	120.75																			
120.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
B. Full Name (Last, First, Middle Initial) D.C TREASURER SALES & USE TAX	Transaction ID: 2009M02L21A00214 Date of Disbursement																				
Mailing Address PO BOX 96384	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20090 Purpose of Disbursement SALES & USE TAX Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>130.55</td> </tr> </table>	130.55																			
130.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
C. Full Name (Last, First, Middle Initial) D.C TREASURER SALES & USE TAX	Transaction ID: 2009M02L21A00215 Date of Disbursement																				
Mailing Address PO BOX 96384	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20090 Purpose of Disbursement SALES & USE TAX Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>205.56</td> </tr> </table>	205.56																			
205.56																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

456.86

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 975 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
D.C TREASURER SALES & USE TAX

Mailing Address **PO BOX 96384**

City **WASHINGTON** State **DC** Zip Code **20090**

Purpose of Disbursement
SALES & USE TAX

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00216

Date of Disbursement

/ /

Amount of Each Disbursement this Period

287.50

B. Full Name (Last, First, Middle Initial)
D.C TREASURER SALES & USE TAX

Mailing Address **PO BOX 96384**

City **WASHINGTON** State **DC** Zip Code **20090**

Purpose of Disbursement
SALES & USE TAX

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00217

Date of Disbursement

/ /

Amount of Each Disbursement this Period

342.47

C. Full Name (Last, First, Middle Initial)
D.C TREASURER SALES & USE TAX

Mailing Address **PO BOX 96384**

City **WASHINGTON** State **DC** Zip Code **20090**

Purpose of Disbursement
SALES & USE TAX

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00218

Date of Disbursement

/ /

Amount of Each Disbursement this Period

465.28

SUBTOTAL of Disbursements This Page (optional)

1095.25

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 977 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DISTRICT LOCKSMITH Mailing Address P O BOX 8304	Transaction ID: 2009M02L21A00222 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City ELKRIDGE State MD Zip Code 21075 Purpose of Disbursement HARDWARE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>311.96</div>
B. Full Name (Last, First, Middle Initial) DISTINCTIVE BOOKBINDING AND Mailing Address LEATHER DESIGNS 15131 SOUTHLAWN LANE City ROCKVILLE State MD Zip Code 20850 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00223 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>10300.00</div>
C. Full Name (Last, First, Middle Initial) ELIZABETH DOLE COMMITTEE, INC. Mailing Address PO BOX 2918 City RALEIGH State NC Zip Code 27602 Purpose of Disbursement EXCESS TRIP FUNDS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00224 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>8618.94</div>

SUBTOTAL of Disbursements This Page (optional)

19230.90

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MOLLY DONLIN

Mailing Address 303 RUNNING WIND LN

City
MAITLANDState
FLZip Code
32751Purpose of Disbursement
DELIVERY COST

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00225

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

26.30

B.

Full Name (Last, First, Middle Initial)

FED EX

Mailing Address P O BOX 371461

City
PITTSBURGHState
PAZip Code
15250Purpose of Disbursement
DELIVERY COST

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00225M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

26.30

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

MOLLY DONLIN

Mailing Address 303 RUNNING WIND LN

City
MAITLANDState
FLZip Code
32751Purpose of Disbursement
FUEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00226

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

61.26

SUBTOTAL of Disbursements This Page (optional)

87.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MOLLY DONLIN	Transaction ID: 2009M02L21A00227 Date of Disbursement
Mailing Address 303 RUNNING WIND LN	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City State Zip Code MAITLAND FL 32751	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>278.28</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) HILTON GARDEN INN BOWLING	Transaction ID: 2009M02L21A00227M Date of Disbursement
Mailing Address GREEN 1020 WILKINSON TRACE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City State Zip Code BOWLING GREEN KY 42103	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>278.28</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MOLLY DONLIN	Transaction ID: 2009M02L21A00228 Date of Disbursement
Mailing Address 303 RUNNING WIND LN	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City State Zip Code MAITLAND FL 32751	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>4.75</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

283.03

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MOLLY DONLIN	Transaction ID: 2009M02L21A00230 Date of Disbursement																				
Mailing Address 303 RUNNING WIND LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City MAITLAND State FL Zip Code 32751	Amount of Each Disbursement this Period <table border="1"> <tr> <td>11.53</td> </tr> </table>	11.53																			
11.53																					
Purpose of Disbursement MEALS Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div>																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) APPLEBEE'S-BOWLING GREEN	Transaction ID: 2009M02L21A00230M Date of Disbursement																				
Mailing Address 2545 SCOTTSVILLE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City BOWLING GREEN State KY Zip Code 42104	Amount of Each Disbursement this Period <table border="1"> <tr> <td>11.53</td> </tr> </table>	11.53																			
11.53																					
Purpose of Disbursement MEALS Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div>																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) MOLLY DONLIN	Transaction ID: 2009M02L21A00231 Date of Disbursement																				
Mailing Address 303 RUNNING WIND LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City MAITLAND State FL Zip Code 32751	Amount of Each Disbursement this Period <table border="1"> <tr> <td>34.50</td> </tr> </table>	34.50																			
34.50																					
Purpose of Disbursement MEALS Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div>																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
SUBTOTAL of Disbursements This Page (optional) ►	<table border="1"> <tr> <td>46.03</td> </tr> </table>	46.03																			
46.03																					
TOTAL This Period (last page this line number only) ►	<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) BWW BOWLING GREEN GRILL & BAR</p> <p>Mailing Address 1760 SCOTTSVILLE RD</p> <p>City BOWLING GREEN State KY Zip Code 42104</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00231M</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="34.50"/></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) MOLLY DONLIN</p> <p>Mailing Address 303 RUNNING WIND LN</p> <p>City MAITLAND State FL Zip Code 32751</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00232</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.81"/></p>
<p>C. Full Name (Last, First, Middle Initial) MARIAH'S</p> <p>Mailing Address 801 STATE STREET</p> <p>City BOWLING GREEN State KY Zip Code 42101</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00232M</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.81"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

50.81

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 983 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MOLLY DONLIN

Mailing Address 303 RUNNING WIND LN

City MAITLAND State FL Zip Code 32751

Purpose of Disbursement
 MILEAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00233

Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

761.09

B.

Full Name (Last, First, Middle Initial)

MOLLY DONLIN

Mailing Address 303 RUNNING WIND LN

City MAITLAND State FL Zip Code 32751

Purpose of Disbursement
 OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00234

Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

81.40

C.

Full Name (Last, First, Middle Initial)

OFFICE DEPOT-BOWLING GREEN

Mailing Address 1865 CAMPBELL LANE

City BOWLING GREEN State KY Zip Code 42104

Purpose of Disbursement
 OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00234M

Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

81.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

842.49

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DTG OPERATIONS, INC-BOK	Transaction ID: 2009M02L21A00235 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 15 / 2009</div> </div>	
Mailing Address THRIFTY CAR RENTAL LOCKBOX 2241	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right; font-weight: bold;">289.22</div>	
City TULSA State OK Zip Code 74182		
<div style="flex: 1;"> Purpose of Disbursement CAR RENTAL </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;"> Category/ Type </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) DTG OPERATIONS, INC-BOK	Transaction ID: 2009M02L21A00236 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 15 / 2009</div> </div>	
Mailing Address THRIFTY CAR RENTAL LOCKBOX 2241	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right; font-weight: bold;">313.88</div>	
City TULSA State OK Zip Code 74182		
<div style="flex: 1;"> Purpose of Disbursement CAR RENTAL </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;"> Category/ Type </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) DTG OPERATIONS, INC-BOK	Transaction ID: 2009M02L21A00237 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 15 / 2009</div> </div>	
Mailing Address THRIFTY CAR RENTAL LOCKBOX 2241	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right; font-weight: bold;">316.37</div>	
City TULSA State OK Zip Code 74182		
<div style="flex: 1;"> Purpose of Disbursement CAR RENTAL </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;"> Category/ Type </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">919.47</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 DTG OPERATIONS, INC-BOK

Transaction ID: 2009M02L21A00238
Date of Disbursement

Mailing Address
 THRIFTY CAR RENTAL
 LOCKBOX 2241

/ /

City
 TULSA

State
 OK

Zip Code
 74182

Amount of Each Disbursement this Period

Purpose of Disbursement
 CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
 DTG OPERATIONS, INC-BOK

Transaction ID: 2009M02L21A00239
Date of Disbursement

Mailing Address
 THRIFTY CAR RENTAL
 LOCKBOX 2241

/ /

City
 TULSA

State
 OK

Zip Code
 74182

Amount of Each Disbursement this Period

Purpose of Disbursement
 CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
 DTG OPERATIONS, INC-BOK

Transaction ID: 2009M02L21A00240
Date of Disbursement

Mailing Address
 THRIFTY CAR RENTAL
 LOCKBOX 2241

/ /

City
 TULSA

State
 OK

Zip Code
 74182

Amount of Each Disbursement this Period

Purpose of Disbursement
 CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 988 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) E-DONATION.COM <hr/> Mailing Address 118 NORTH SAINT ASAPH STREET <hr/> <table> <tr> <td>City ALEXANDRIA</td> <td>State VA</td> <td>Zip Code 22314</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement BANKING SVS</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State: District:	City ALEXANDRIA	State VA	Zip Code 22314	Purpose of Disbursement BANKING SVS	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00247 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> <hr/> Amount of Each Disbursement this Period <div>50.00</div>
City ALEXANDRIA	State VA	Zip Code 22314								
Purpose of Disbursement BANKING SVS	<div>Category/ Type</div>									
Candidate Name										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼									
B.	Full Name (Last, First, Middle Initial) E-DONATION.COM <hr/> Mailing Address 118 NORTH SAINT ASAPH STREET <hr/> <table> <tr> <td>City ALEXANDRIA</td> <td>State VA</td> <td>Zip Code 22314</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement BANKING SVS</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State: District:	City ALEXANDRIA	State VA	Zip Code 22314	Purpose of Disbursement BANKING SVS	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00248 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> <hr/> Amount of Each Disbursement this Period <div>50.00</div>
City ALEXANDRIA	State VA	Zip Code 22314								
Purpose of Disbursement BANKING SVS	<div>Category/ Type</div>									
Candidate Name										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼									
C.	Full Name (Last, First, Middle Initial) E-DONATION.COM <hr/> Mailing Address 118 NORTH SAINT ASAPH STREET <hr/> <table> <tr> <td>City ALEXANDRIA</td> <td>State VA</td> <td>Zip Code 22314</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement BANKING SVS</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State: District:	City ALEXANDRIA	State VA	Zip Code 22314	Purpose of Disbursement BANKING SVS	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00249 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> <hr/> Amount of Each Disbursement this Period <div>50.00</div>
City ALEXANDRIA	State VA	Zip Code 22314								
Purpose of Disbursement BANKING SVS	<div>Category/ Type</div>									
Candidate Name										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼									

SUBTOTAL of Disbursements This Page (optional) ►

150.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) E-DONATION.COM	Transaction ID: 2009M02L21A00250 Date of Disbursement
Mailing Address 118 NORTH SAINT ASAPH STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement BANKING SVS	<div>75.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) E-DONATION.COM	Transaction ID: 2009M02L21A00251 Date of Disbursement
Mailing Address 118 NORTH SAINT ASAPH STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement BANKING SVS	<div>75.00</div>
Candidate Name	<div>Category/Type</div>
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C. Full Name (Last, First, Middle Initial) E-DONATION.COM	Transaction ID: 2009M02L21A00252 Date of Disbursement
Mailing Address 118 NORTH SAINT ASAPH STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement BANKING SVS	<div>75.00</div>
Candidate Name	<div>Category/Type</div>
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SUBTOTAL of Disbursements This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 990 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) E-DONATION.COM	Transaction ID: 2009M02L21A00253 Date of Disbursement																				
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M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANKING SVS Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) E-DONATION.COM	Transaction ID: 2009M02L21A00254 Date of Disbursement																				
Mailing Address 118 NORTH SAINT ASAPH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
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City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANKING SVS Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) E-DONATION.COM	Transaction ID: 2009M02L21A00255 Date of Disbursement																				
Mailing Address 118 NORTH SAINT ASAPH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
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City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANKING SVS Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 991 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) E-DONATION.COM	Transaction ID: 2009M02L21A00256 Date of Disbursement																				
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City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANKING SVS	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) E-DONATION.COM	Transaction ID: 2009M02L21A00257 Date of Disbursement																				
Mailing Address 118 NORTH SAINT ASAPH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
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City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANKING SVS	<table border="1"> <tr> <td colspan="10">225.00</td> </tr> </table>	225.00																			
225.00																					
Candidate Name	Category/ Type																				
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C. Full Name (Last, First, Middle Initial) E-DONATION.COM	Transaction ID: 2009M02L21A00258 Date of Disbursement																				
Mailing Address 118 NORTH SAINT ASAPH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
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City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANKING SVS	<table border="1"> <tr> <td colspan="10">225.00</td> </tr> </table>	225.00																			
225.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

575.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 992 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) E-DONATION.COM	Transaction ID: 2009M02L21A00259 Date of Disbursement																				
Mailing Address 118 NORTH SAINT ASAPH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANKING SVS	<table border="1"> <tr> <td colspan="10">225.00</td> </tr> </table>	225.00																			
225.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) E-DONATION.COM	Transaction ID: 2009M02L21A00260 Date of Disbursement																				
Mailing Address 118 NORTH SAINT ASAPH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANKING SVS	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name	Category/ Type																				
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C. Full Name (Last, First, Middle Initial) E-DONATION.COM	Transaction ID: 2009M02L21A00261 Date of Disbursement																				
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0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANKING SVS	<table border="1"> <tr> <td colspan="10">275.00</td> </tr> </table>	275.00																			
275.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 993 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
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A. Full Name (Last, First, Middle Initial) E-DONATION.COM	Transaction ID: 2009M02L21A00262 Date of Disbursement																				
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M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANKING SVS Candidate Name	<table border="1"> <tr> <td colspan="10">550.00</td> </tr> </table>	550.00																			
550.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) E-DONATION.COM	Transaction ID: 2009M02L21A00263 Date of Disbursement																				
Mailing Address 118 NORTH SAINT ASAPH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANKING SVS Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) E-DONATION.COM	Transaction ID: 2009M02L21A00264 Date of Disbursement																				
Mailing Address 118 NORTH SAINT ASAPH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANKING SVS Candidate Name	<table border="1"> <tr> <td colspan="10">1925.00</td> </tr> </table>	1925.00																			
1925.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3475.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 994 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A. Full Name (Last, First, Middle Initial)
ELECTION CONNECTIONS**

Mailing Address PO BOX 10866

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement
TELEMARKETING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00265
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Amount of Each Disbursement this Period

32791.00

**B. Full Name (Last, First, Middle Initial)
ENTERPRISE RENT A CAR-MO**Mailing Address PO BOX 840181
CAGE 08EC1 DUNS;614830169

City KANSAS CITY State MO Zip Code 64184-0181

Purpose of Disbursement
CAR RENTAL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00266
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Amount of Each Disbursement this Period

70.00

**C. Full Name (Last, First, Middle Initial)
ENTERPRISE RENT A CAR-MO**Mailing Address PO BOX 840181
CAGE 08EC1 DUNS;614830169

City KANSAS CITY State MO Zip Code 64184-0181

Purpose of Disbursement
CAR RENTAL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00267
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Disbursement this Period

90.08

SUBTOTAL of Disbursements This Page (optional)

32951.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 995 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ENTERPRISE RENT A CAR-MO <hr/> Mailing Address PO BOX 840181 CAGE 08EC1 DUNS;614830169 <hr/> City KANSAS CITY State MO Zip Code 64184-0181 <hr/> Purpose of Disbursement CAR RENTAL <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 2009M02L21A00268 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 1 1 5 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">97.99</div>
B. Full Name (Last, First, Middle Initial) ENTERPRISE RENT A CAR-MO <hr/> Mailing Address PO BOX 840181 CAGE 08EC1 DUNS;614830169 <hr/> City KANSAS CITY State MO Zip Code 64184-0181 <hr/> Purpose of Disbursement CAR RENTAL <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 2009M02L21A00269 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 1 2 2 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">110.00</div>
C. Full Name (Last, First, Middle Initial) ENTERPRISE RENT A CAR-MO <hr/> Mailing Address PO BOX 840181 CAGE 08EC1 DUNS;614830169 <hr/> City KANSAS CITY State MO Zip Code 64184-0181 <hr/> Purpose of Disbursement CAR RENTAL <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 2009M02L21A00270 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 1 2 2 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">114.40</div>

SUBTOTAL of Disbursements This Page (optional)

322.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 996 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ENTERPRISE RENT A CAR-MO	Transaction ID: 2009M02L21A00271 Date of Disbursement																				
Mailing Address PO BOX 840181 CAGE 08EC1 DUNS;614830169	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	9													
City KANSAS CITY State MO Zip Code 64184-0181	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td colspan="10">126.50</td> </tr> </table>	126.50																			
126.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ENTERPRISE RENT A CAR-MO	Transaction ID: 2009M02L21A00272 Date of Disbursement																				
Mailing Address PO BOX 840181 CAGE 08EC1 DUNS;614830169	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	9													
City KANSAS CITY State MO Zip Code 64184-0181	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td colspan="10">132.47</td> </tr> </table>	132.47																			
132.47																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ENTERPRISE RENT A CAR-MO	Transaction ID: 2009M02L21A00273 Date of Disbursement																				
Mailing Address PO BOX 840181 CAGE 08EC1 DUNS;614830169	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	9													
City KANSAS CITY State MO Zip Code 64184-0181	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td colspan="10">170.48</td> </tr> </table>	170.48																			
170.48																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

429.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ENTERPRISE RENT A CAR-MO	Transaction ID: 2009M02L21A00274 Date of Disbursement																				
Mailing Address PO BOX 840181 CAGE 08EC1 DUNS;614830169	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City KANSAS CITY State MO Zip Code 64184-0181	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td colspan="10">218.40</td> </tr> </table>	218.40																			
218.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ENTERPRISE RENT A CAR-MO	Transaction ID: 2009M02L21A00275 Date of Disbursement																				
Mailing Address PO BOX 840181 CAGE 08EC1 DUNS;614830169	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City KANSAS CITY State MO Zip Code 64184-0181	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td colspan="10">249.13</td> </tr> </table>	249.13																			
249.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ENTERPRISE RENT A CAR-MO	Transaction ID: 2009M02L21A00276 Date of Disbursement																				
Mailing Address PO BOX 840181 CAGE 08EC1 DUNS;614830169	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City KANSAS CITY State MO Zip Code 64184-0181	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td colspan="10">249.13</td> </tr> </table>	249.13																			
249.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

716.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 998 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ENTERPRISE RENT A CAR-MO	Transaction ID: 2009M02L21A00277 Date of Disbursement																				
Mailing Address PO BOX 840181 CAGE 08EC1 DUNS;614830169	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City KANSAS CITY State MO Zip Code 64184-0181	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL Candidate Name	<table border="1"> <tr> <td colspan="10">249.14</td> </tr> </table>	249.14																			
249.14																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type																					
B. Full Name (Last, First, Middle Initial) ENTERPRISE RENT A CAR-MO	Transaction ID: 2009M02L21A00278 Date of Disbursement																				
Mailing Address PO BOX 840181 CAGE 08EC1 DUNS;614830169	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City KANSAS CITY State MO Zip Code 64184-0181	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL Candidate Name	<table border="1"> <tr> <td colspan="10">360.17</td> </tr> </table>	360.17																			
360.17																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type																					
C. Full Name (Last, First, Middle Initial) ENTERPRISE RENT A CAR-MO	Transaction ID: 2009M02L21A00279 Date of Disbursement																				
Mailing Address PO BOX 840181 CAGE 08EC1 DUNS;614830169	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City KANSAS CITY State MO Zip Code 64184-0181	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL Candidate Name	<table border="1"> <tr> <td colspan="10">506.46</td> </tr> </table>	506.46																			
506.46																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type																					

SUBTOTAL of Disbursements This Page (optional)

1115.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 999 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) KARLA A FARNSWORTH</p> <p>Mailing Address 7701 LAFAYETTE FOREST DR APT 22</p> <p>City ANNADALE State VA Zip Code 22003</p> <p>Purpose of Disbursement FUEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00280</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) KARLA A FARNSWORTH</p> <p>Mailing Address 7701 LAFAYETTE FOREST DR APT 22</p> <p>City ANNADALE State VA Zip Code 22003</p> <p>Purpose of Disbursement PER DIEM</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00281</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 130.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) KARLA A FARNSWORTH</p> <p>Mailing Address 7701 LAFAYETTE FOREST DR APT 22</p> <p>City ANNADALE State VA Zip Code 22003</p> <p>Purpose of Disbursement VOID ISSUED IN ERROR</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00282</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period -200.00</p>

SUBTOTAL of Disbursements This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) FEDERAL RESERVE BANK-CLEVELAND	Transaction ID: 2009M02L21A00283 Date of Disbursement
Mailing Address FISCAL DEPT-PAYROLL PO BOX 299	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City PITTSBURPH State PA Zip Code 15230-0299	Amount of Each Disbursement this Period
Purpose of Disbursement SAVINGS BONDS Candidate Name <div>Category/Type</div>	<div>400.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) FEDERAL RESERVE BANK-CLEVELAND	Transaction ID: 2009M02L21A00284 Date of Disbursement
Mailing Address FISCAL DEPT-PAYROLL PO BOX 299	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City PITTSBURPH State PA Zip Code 15230-0299	Amount of Each Disbursement this Period
Purpose of Disbursement SAVINGS BONDS Candidate Name <div>Category/Type</div>	<div>450.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) JONATHAN FELTS	Transaction ID: 2009M02L21A00285 Date of Disbursement
Mailing Address 412 CONSITUTION AVE NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS Candidate Name <div>Category/Type</div>	<div>146.75</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

996.75

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1001 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial)
WHITE HOUSE MESS CATERINGMailing Address 1600 PENNSYLVANIA AVE NW
EEOB RM 93

City WASHINGTON State DC Zip Code 20502

Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00285M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Disbursement this Period

146.75

[MEMO ITEM]**B.** Full Name (Last, First, Middle Initial)
JONATHAN FELTS

Mailing Address 412 CONSTITUTION AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00286

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Disbursement this Period

195.36

C. Full Name (Last, First, Middle Initial)
MORTON'S THE STEAKHOUSE

Mailing Address 1050 CONNECTICUT AVENUE

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00286M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Disbursement this Period

195.36

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

195.36

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1002 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CARLY FIORINA Mailing Address 28545 MATADERO CREEK LANE	Transaction ID: 2009M02L21A00287 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City State Zip Code LOS ALTOS HILLS CA 94022 Purpose of Disbursement LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>433.80</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) THE RITZ CARLTON, PHILADELPHIA Mailing Address TEN AVENUE OF THE ARTS City State Zip Code PHILADELPHIA PA 19102 Purpose of Disbursement LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00287M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>433.80</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) CARLY FIORINA Mailing Address 28545 MATADERO CREEK LANE City State Zip Code LOS ALTOS HILLS CA 94022 Purpose of Disbursement LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00288 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>491.80</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

925.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) THE RITZ CARLTON, PHILADELPHIA	Transaction ID: 2009M02L21A00288M Date of Disbursement
Mailing Address TEN AVENUE OF THE ARTS	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19102	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div> <div></div> <div>491.80</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) CARLY FIORINA	Transaction ID: 2009M02L21A00289 Date of Disbursement
Mailing Address 28545 MATADERO CREEK LANE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City LOS ALTOS HILLS State CA Zip Code 94022	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div> <div></div> <div>861.38</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) THE RITZ CARLTON, NEW YORK NY	Transaction ID: 2009M02L21A00289M Date of Disbursement
Mailing Address 50 CENTRAL PARK SOUTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City NEW YORK State NY Zip Code 10019	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div> <div></div> <div>861.38</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

861.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1004 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CARLY FIORINA Mailing Address 28545 MATADERO CREEK LANE	Transaction ID: 2009M02L21A00290 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City State Zip Code LOS ALTOS HILLS CA 94022 Purpose of Disbursement TRANSPORTATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>119.15</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) AVALON TRANSPORTATION Mailing Address ONE CIVIC PLAZA DR STE 100 City State Zip Code CARSON CA 90745 Purpose of Disbursement TRANSPORTATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00290M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>119.15</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) CARLY FIORINA Mailing Address 28545 MATADERO CREEK LANE City State Zip Code LOS ALTOS HILLS CA 94022 Purpose of Disbursement TRANSPORTATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00291 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>445.00</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

564.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1005 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) MAURICIO LIMO SERVICE</p> <p>Mailing Address 3043 PATRICK HENRY DR SUITE 302</p> <p>City FALLS CHURCH State VA Zip Code 22044</p> <p>Purpose of Disbursement TRANSPORTATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00291M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>445.00</div></p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CARLY FIORINA</p> <p>Mailing Address 28545 MATADERO CREEK LANE</p> <p>City LOS ALTOS HILLS State CA Zip Code 94022</p> <p>Purpose of Disbursement TRANSPORTATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00292 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>618.80</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) VINCENT LIMOUSINE</p> <p>Mailing Address 42-06 BROADWAY</p> <p>City ASTORIA State NY Zip Code 11103</p> <p>Purpose of Disbursement TRANSPORTATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00292M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>618.80</div></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

618.80

TOTAL This Period (last page this line number only) ►

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

1225.00

5434.51

292.83

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1007 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) JORDAN FISCHER			Transaction ID: 2009M02L21A00296 Date of Disbursement																					
	Mailing Address 1037 PAPERMILL COURT NW			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		1	5		2	0	0	9															
	City WASHINGTON State DC Zip Code 20007			Amount of Each Disbursement this Period																					
Purpose of Disbursement PER DIEM			<table border="1"> <tr> <td colspan="10">463.00</td> </tr> </table>		463.00																				
463.00																									
Candidate Name			Category/Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																									
B.	Full Name (Last, First, Middle Initial) JULIE FLEMING			Transaction ID: 2009M02L21A00297 Date of Disbursement																					
	Mailing Address 6719 BOSTWICK DRIVE			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		2	2		2	0	0	9															
	City SPRINGFIELD State VA Zip Code 22151			Amount of Each Disbursement this Period																					
Purpose of Disbursement COPYING COST			<table border="1"> <tr> <td colspan="10">87.50</td> </tr> </table>		87.50																				
87.50																									
Candidate Name			Category/Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																									
C.	Full Name (Last, First, Middle Initial) JULIE FLEMING			Transaction ID: 2009M02L21A00298 Date of Disbursement																					
	Mailing Address 6719 BOSTWICK DRIVE			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		0	9		2	0	0	9															
	City SPRINGFIELD State VA Zip Code 22151			Amount of Each Disbursement this Period																					
Purpose of Disbursement INTERNSHIP REGISTRATION			<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>		50.00																				
50.00																									
Candidate Name			Category/Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																									

SUBTOTAL of Disbursements This Page (optional)

600.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
WASHINGTON SEMESTER PROGRAM

Mailing Address **AMERICAN UNIVERSITY**
4400 MASSACHUSETTS AVE NW

City **WASHINGTON** State **DC** Zip Code **20016**

Purpose of Disbursement
INTERNSHIP REGISTRATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00298M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
JULIE FLEMING

Mailing Address **6719 BOSTWICK DRIVE**

City **SPRINGFIELD** State **VA** Zip Code **22151**

Purpose of Disbursement
PARKING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00299

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

C.

Full Name (Last, First, Middle Initial)
JULIE FLEMING

Mailing Address **6719 BOSTWICK DRIVE**

City **SPRINGFIELD** State **VA** Zip Code **22151**

Purpose of Disbursement
PARKING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00300

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

120.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD
 SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
 TELEMARKETING

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00307
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

705.00

B.

Full Name (Last, First, Middle Initial)
 FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD
 SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
 TELEMARKETING

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00308
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

1238.40

C.

Full Name (Last, First, Middle Initial)
 FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD
 SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
 TELEMARKETING

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00309
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

1392.00

SUBTOTAL of Disbursements This Page (optional)

3335.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) FLS CONNECT, LLC</p> <p>Mailing Address 7300 HUDSON BLVD SUITE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00310</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2230.90</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FLS CONNECT, LLC</p> <p>Mailing Address 7300 HUDSON BLVD SUITE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00311</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>6038.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) FLS CONNECT, LLC</p> <p>Mailing Address 7300 HUDSON BLVD SUITE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00312</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>6190.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

14458.90

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD
 SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
 TELEMARKETING

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00316
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

10562.40

B.

Full Name (Last, First, Middle Initial)
 FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD
 SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
 TELEMARKETING

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00317
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

10759.00

C.

Full Name (Last, First, Middle Initial)
 FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD
 SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
 TELEMARKETING

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00318
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

11184.00

SUBTOTAL of Disbursements This Page (optional)

32505.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) FLS CONNECT, LLC	Transaction ID: 2009M02L21A00319 Date of Disbursement
Mailing Address 7300 HUDSON BLVD SUITE 270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period
Purpose of Disbursement TELEMARKETING	<div>13291.20</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FLS CONNECT, LLC	Transaction ID: 2009M02L21A00320 Date of Disbursement
Mailing Address 7300 HUDSON BLVD SUITE 270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period
Purpose of Disbursement TELEMARKETING	<div>14035.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FLS CONNECT, LLC	Transaction ID: 2009M02L21A00321 Date of Disbursement
Mailing Address 7300 HUDSON BLVD SUITE 270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period
Purpose of Disbursement TELEMARKETING	<div>16089.60</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

43415.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.	<p>Full Name (Last, First, Middle Initial) FLS CONNECT, LLC</p> <p>Mailing Address 7300 HUDSON BLVD SUITE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00322</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>17292.00</div> </p>
B.	<p>Full Name (Last, First, Middle Initial) FLS CONNECT, LLC</p> <p>Mailing Address 7300 HUDSON BLVD SUITE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00323</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>29868.00</div> </p>
C.	<p>Full Name (Last, First, Middle Initial) FLS CONNECT, LLC</p> <p>Mailing Address 7300 HUDSON BLVD SUITE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00324</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>56047.20</div> </p>

SUBTOTAL of Disbursements This Page (optional)

103207.20

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD
SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
VOIDED-ISSUED IN ERROR(YR END2008REPORT)

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00325

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

-500000.00

B.

Full Name (Last, First, Middle Initial)

FORD MOTOR COMPANY

Mailing Address PO BOX 70548

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement
VEHICLE LEASING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00326

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

1400.00

C.

Full Name (Last, First, Middle Initial)

FOUR SEASONS MIAMI

Mailing Address 1435 BRICKELL AVENUE

City MIAMI State FL Zip Code 33131

Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00327

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Amount of Each Disbursement this Period

2824.48

SUBTOTAL of Disbursements This Page (optional)

-495775.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) FRAGER'S HARDWARE	Transaction ID: 2009M02L21A00328 Date of Disbursement
Mailing Address 1113-15 PENNSYLLVANIA AVE SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement HARDWARE SUPPLIES	<div>955.36</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) LUKE FRANS	Transaction ID: 2009M02L21A00329 Date of Disbursement
Mailing Address 2717 S GLEBE APT 303	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period
Purpose of Disbursement GRAPHIC SERVICE	<div>620.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) LUKE FRANS	Transaction ID: 2009M02L21A00330 Date of Disbursement
Mailing Address 2717 S GLEBE APT 303	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period
Purpose of Disbursement OFFICE SUPPLIES	<div>1520.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3095.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.	<p>Full Name (Last, First, Middle Initial) GRAY GRAPHICS CORP</p> <p>Mailing Address 8607 CENTRAL AVE</p> <p>City CAPITOL HEIGHTS State MD Zip Code 20743</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00330M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1520.00</div></p> <p>[MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) FREDERICKSBURG AGRICULTURAL</p> <p>Mailing Address FAIR, INC. 2400 AIRPORT AVE</p> <p>City FREDERICKSBURG State VA Zip Code 22401</p> <p>Purpose of Disbursement PARKING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00331 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1250.00</div></p>
C.	<p>Full Name (Last, First, Middle Initial) RUSS GERSON</p> <p>Mailing Address THE GERSON GROUP 70 EAST 55TH ST FLOOR 21</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00332 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>679.00</div></p>

SUBTOTAL of Disbursements This Page (optional)

1929.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: 2009M02L21A00332M Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> 01</div> <div><small>D</small> <small>D</small> 09</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2009</div> </div>
Mailing Address 1629 K ST NW	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">679.00</div>
<div style="display: flex; justify-content: space-between;"> <div>City WASHINGTON</div> <div>State DC</div> <div>Zip Code 20006</div> </div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Purpose of Disbursement AIR FARE	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	[MEMO ITEM]

B. Full Name (Last, First, Middle Initial) RUSS GERSON	Transaction ID: 2009M02L21A00333 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> 01</div> <div><small>D</small> <small>D</small> 09</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2009</div> </div>
Mailing Address THE GERSON GROUP 70 EAST 55TH ST FLOOR 21	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1997.94</div>
<div style="display: flex; justify-content: space-between;"> <div>City NEW YORK</div> <div>State NY</div> <div>Zip Code 10022</div> </div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Purpose of Disbursement AIR FARE	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	[MEMO ITEM]

C. Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: 2009M02L21A00333M Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> 01</div> <div><small>D</small> <small>D</small> 09</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2009</div> </div>
Mailing Address 5620 UNIVERSITY PKWY	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1997.94</div>
<div style="display: flex; justify-content: space-between;"> <div>City WINSTON SALEM</div> <div>State NC</div> <div>Zip Code 27105</div> </div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Purpose of Disbursement AIR FARE	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	[MEMO ITEM]

1997.94

1997.94

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1021 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RUSS GERSON	Transaction ID: 2009M02L21A00334 Date of Disbursement																				
Mailing Address THE GERSON GROUP 70 EAST 55TH ST FLOOR 21	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period																				
Purpose of Disbursement ISSUED IN ERROR	<table border="1"> <tr> <td>-3663.63</td> </tr> </table>	-3663.63																			
-3663.63																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) RUSS GERSON	Transaction ID: 2009M02L21A00335 Date of Disbursement																				
Mailing Address THE GERSON GROUP 70 EAST 55TH ST FLOOR 21	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period																				
Purpose of Disbursement ISSUED IN ERROR	<table border="1"> <tr> <td>-1997.94</td> </tr> </table>	-1997.94																			
-1997.94																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) RUSS GERSON	Transaction ID: 2009M02L21A00336 Date of Disbursement																				
Mailing Address THE GERSON GROUP 70 EAST 55TH ST FLOOR 21	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period																				
Purpose of Disbursement ISSUED IN ERROR	<table border="1"> <tr> <td>-679.00</td> </tr> </table>	-679.00																			
-679.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

-6340.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1022 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) RUSS GERSON</p> <p>Mailing Address THE GERSON GROUP 70 EAST 55TH ST FLOOR 21</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement ISSUED IN ERROR</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00337</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period -530.05</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) RUSS GERSON</p> <p>Mailing Address THE GERSON GROUP 70 EAST 55TH ST FLOOR 21</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement ISSUED IN ERROR</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00338</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period -320.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) RUSS GERSON</p> <p>Mailing Address THE GERSON GROUP 70 EAST 55TH ST FLOOR 21</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement ISSUED IN ERROR</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00339</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period -265.00</p>

SUBTOTAL of Disbursements This Page (optional)

-1115.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1023 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RUSS GERSON <hr/> Mailing Address THE GERSON GROUP 70 EAST 55TH ST FLOOR 21 <hr/> City NEW YORK State NY Zip Code 10022 <hr/> Purpose of Disbursement ISSUED IN ERROR Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00340 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> <hr/> Amount of Each Disbursement this Period <div>-255.00</div>
B. Full Name (Last, First, Middle Initial) RUSS GERSON <hr/> Mailing Address THE GERSON GROUP 70 EAST 55TH ST FLOOR 21 <hr/> City NEW YORK State NY Zip Code 10022 <hr/> Purpose of Disbursement ISSUED IN ERROR Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00341 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> <hr/> Amount of Each Disbursement this Period <div>-205.83</div>
C. Full Name (Last, First, Middle Initial) RUSS GERSON <hr/> Mailing Address THE GERSON GROUP 70 EAST 55TH ST FLOOR 21 <hr/> City NEW YORK State NY Zip Code 10022 <hr/> Purpose of Disbursement ISSUED IN ERROR Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00342 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> <hr/> Amount of Each Disbursement this Period <div>-124.00</div>

SUBTOTAL of Disbursements This Page (optional) ►

-584.83

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RUSS GERSON	Transaction ID: 2009M02L21A00343 Date of Disbursement
Mailing Address THE GERSON GROUP 70 EAST 55TH ST FLOOR 21	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>530.05</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CROWN PLAZA, ARLINGTON VA	Transaction ID: 2009M02L21A00343M Date of Disbursement
Mailing Address 1480 CRYSTAL DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>530.05</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RUSS GERSON	Transaction ID: 2009M02L21A00344 Date of Disbursement
Mailing Address THE GERSON GROUP 70 EAST 55TH ST FLOOR 21	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>3663.63</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4193.68

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

01 / 09 / 2009

[MEMO ITEM]

124.00

Three digital displays showing the date 01/09/2009 in MM/DD/YYYY format. The first display shows '01' with 'M' above each digit. The second display shows '09' with 'D' above each digit. The third display shows '2009' with 'Y' above each digit.

[MEMO ITEM]

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1026 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

RUSS GERSON

Mailing Address THE GERSON GROUP
70 EAST 55TH ST FLOOR 21

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00346

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Amount of Each Disbursement this Period

205.83

B.

Full Name (Last, First, Middle Initial)

MCCORMICK & SCHMICK, ARLINGTON

Mailing Address 2010 CRYSTAL DRIVE

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00346M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Amount of Each Disbursement this Period

205.83

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

RUSS GERSON

Mailing Address THE GERSON GROUP
70 EAST 55TH ST FLOOR 21

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
TAXI

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00347

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Amount of Each Disbursement this Period

320.00

SUBTOTAL of Disbursements This Page (optional)

525.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1027 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RUSS GERSON <hr/> Mailing Address THE GERSON GROUP 70 EAST 55TH ST FLOOR 21 <hr/> City NEW YORK State NY Zip Code 10022 <hr/> Purpose of Disbursement TRAINFARE <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 2009M02L21A00348 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 1 0 9 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">255.00</div>
B. Full Name (Last, First, Middle Initial) AMTRAK <hr/> Mailing Address 50 MASS AVE NE <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement TRAINFARE <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 2009M02L21A00348M Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 1 0 9 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">255.00</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) RUSS GERSON <hr/> Mailing Address THE GERSON GROUP 70 EAST 55TH ST FLOOR 21 <hr/> City NEW YORK State NY Zip Code 10022 <hr/> Purpose of Disbursement TRAVEL AGENCY SVS <hr/> Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 2009M02L21A00349 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 1 0 9 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">265.00</div>

SUBTOTAL of Disbursements This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1028 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MACNAIR TRAVEL MANAGEMENT	Transaction ID: 2009M02L21A00349M Date of Disbursement																				
Mailing Address 1101 KING ST SUITE 190	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL AGENCY SVS	<table border="1"> <tr> <td colspan="10">265.00</td> </tr> </table>	265.00																			
265.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) JOHN GIBSON	Transaction ID: 2009M02L21A00350 Date of Disbursement																				
Mailing Address 29 EVERGREEN LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City HADDONFIELD State NJ Zip Code 80331	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">182.06</td> </tr> </table>	182.06																			
182.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) THE FAIRFAX AT EMBASSY ROW	Transaction ID: 2009M02L21A00350M Date of Disbursement																				
Mailing Address 2100 MASSACHUSETTS AVENUE NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">182.06</td> </tr> </table>	182.06																			
182.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

182.06

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1029 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

JOHN GIBSON

Mailing Address 29 EVERGREEN LANE

City
HADDONFIELDState
NJZip Code
80331Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00351

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

3.28

B.

Full Name (Last, First, Middle Initial)

BOSTON MARKET, CLAYMONT DE

Mailing Address 3603 PHILADELPHIA PIKE

City
CLAYMONTState
DEZip Code
19703Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00351M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

3.28

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

JOHN GIBSON

Mailing Address 29 EVERGREEN LANE

City
HADDONFIELDState
NJZip Code
80331Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00352

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Amount of Each Disbursement this Period

8.45

SUBTOTAL of Disbursements This Page (optional)

11.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1030 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 MIRAK, WASHINGTON DC

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00352M
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.45

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
 JOHN GIBSON

Mailing Address 29 EVERGREEN LANE

City HADDONFIELD State NJ Zip Code 80331

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00353
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

26.58

C.

Full Name (Last, First, Middle Initial)
 CLUB DINER

Mailing Address 20 N BLACK HORSE PIKE

City BELLMAWR State NJ Zip Code 08031

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00353M
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

26.58

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

26.58

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1031 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JOHN GIBSON Mailing Address 29 EVERGREEN LANE	Transaction ID: 2009M02L21A00354 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	9											
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		2	2		2	0	9																							
City HADDONFIELD State NJ Zip Code 80331 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">39.00</td> </tr> </table> <div style="border: 1px solid black; padding: 2px; width: fit-content;">Category/ Type</div>	39.00																													
39.00																															
B. Full Name (Last, First, Middle Initial) TEAISM DUPONT Mailing Address 2009 R ST NW City WASHINGTON State DC Zip Code 20009 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00354M Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">39.00</td> </tr> </table> <div style="border: 1px solid black; padding: 2px; width: fit-content;">Category/ Type</div> [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	9		39.00									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		2	2		2	0	9																							
39.00																															
C. Full Name (Last, First, Middle Initial) JOHN GIBSON Mailing Address 29 EVERGREEN LANE City HADDONFIELD State NJ Zip Code 80331 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00355 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">47.65</td> </tr> </table> <div style="border: 1px solid black; padding: 2px; width: fit-content;">Category/ Type</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	9		47.65									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		1	5		2	0	9																							
47.65																															

SUBTOTAL of Disbursements This Page (optional)

86.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1032 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
 CROMWELLS TAVERN-GREENVILLE DE

Mailing Address 3850 KENNETT PIKE

City GREENVILLE State DE Zip Code 19807

Purpose of Disbursement
 MEALS

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00355M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

47.65

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
 JOHN GIBSON

Mailing Address 29 EVERGREEN LANE

City HADDONFIELD State NJ Zip Code 80331

Purpose of Disbursement
 MEALS

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00356

Date of Disbursement

/ /

Amount of Each Disbursement this Period

73.55

C. Full Name (Last, First, Middle Initial)
 OLD EBBITT GRILL

Mailing Address 675 15TH ST NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
 MEALS

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00356M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

73.55

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

73.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1033 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JOHN GIBSON	Transaction ID: 2009M02L21A00357 Date of Disbursement																				
Mailing Address 29 EVERGREEN LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City HADDONFIELD State NJ Zip Code 80331	Amount of Each Disbursement this Period																				
Purpose of Disbursement MILEAGE	<table border="1"> <tr> <td colspan="10">132.21</td> </tr> </table>	132.21																			
132.21																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JOHN GIBSON	Transaction ID: 2009M02L21A00358 Date of Disbursement																				
Mailing Address 29 EVERGREEN LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City HADDONFIELD State NJ Zip Code 80331	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td colspan="10">1.63</td> </tr> </table>	1.63																			
1.63																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) STAPLES. CHERRY HILL NJ	Transaction ID: 2009M02L21A00358M Date of Disbursement																				
Mailing Address 2230 WEST MARLTON PIKE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City CHERRY HILL State NJ Zip Code 08002	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td colspan="10">1.63</td> </tr> </table>	1.63																			
1.63																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

133.84

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1035 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JOHN GIBSON	Transaction ID: 2009M02L21A00361 Date of Disbursement																				
Mailing Address 29 EVERGREEN LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	9													
City HADDONFIELD State NJ Zip Code 80331	Amount of Each Disbursement this Period																				
Purpose of Disbursement TOLLS	<table border="1"> <tr> <td>88.50</td> </tr> </table>	88.50																			
88.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JOHN GIBSON	Transaction ID: 2009M02L21A00362 Date of Disbursement																				
Mailing Address 29 EVERGREEN LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	9													
City HADDONFIELD State NJ Zip Code 80331	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAINFARE	<table border="1"> <tr> <td>310.00</td> </tr> </table>	310.00																			
310.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) AMTRAK	Transaction ID: 2009M02L21A00362M Date of Disbursement																				
Mailing Address 50 MASS AVE NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	9													
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAINFARE	<table border="1"> <tr> <td>310.00</td> </tr> </table>	310.00																			
310.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

398.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1036 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BEN GILMAN	Transaction ID: 2009M02L21A00363 Date of Disbursement																				
Mailing Address 72 WILSON ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City GORHAM State ME Zip Code 04038	Amount of Each Disbursement this Period																				
Purpose of Disbursement MILEAGE	<table border="1"> <tr> <td>42.35</td> </tr> </table>	42.35																			
42.35																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BEN GILMAN	Transaction ID: 2009M02L21A00364 Date of Disbursement																				
Mailing Address 72 WILSON ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City GORHAM State ME Zip Code 04038	Amount of Each Disbursement this Period																				
Purpose of Disbursement MILEAGE	<table border="1"> <tr> <td>90.09</td> </tr> </table>	90.09																			
90.09																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) BEN GILMAN	Transaction ID: 2009M02L21A00365 Date of Disbursement																				
Mailing Address 72 WILSON ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City GORHAM State ME Zip Code 04038	Amount of Each Disbursement this Period																				
Purpose of Disbursement MILEAGE	<table border="1"> <tr> <td>125.95</td> </tr> </table>	125.95																			
125.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

258.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1037 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 BEN GILMAN

Mailing Address 72 WILSON ROAD

City State Zip Code
 GORHAM ME 04038

Purpose of Disbursement
 OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: 2009M02L21A00366
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

130.20

B.

Full Name (Last, First, Middle Initial)
 STAPLES, NORTH WINDHAM, ME

Mailing Address 770 ROOSEVELT TRAIL

City State Zip Code
 NORTH WINDHAM ME 04062

Purpose of Disbursement
 OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: 2009M02L21A00366M
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

130.20

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
 BEN GILMAN

Mailing Address 72 WILSON ROAD

City State Zip Code
 GORHAM ME 04038

Purpose of Disbursement
 TOLLS

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: 2009M02L21A00367
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.00

SUBTOTAL of Disbursements This Page (optional)

138.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1038 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JONATHAN GILMORE	Transaction ID: 2009M02L21A00368 Date of Disbursement																				
Mailing Address 3650 S GLEBE ROAD UNIT 649	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) NORTHWEST AIRLINES	Transaction ID: 2009M02L21A00368M Date of Disbursement																				
Mailing Address 4000 E SKY HARBOR BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JONATHAN GILMORE	Transaction ID: 2009M02L21A00369 Date of Disbursement																				
Mailing Address 3650 S GLEBE ROAD UNIT 649	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td colspan="10">235.20</td> </tr> </table>	235.20																			
235.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

335.20

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

[MEMO ITEM]

[MEMO ITEM]

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1040 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JONATHAN GILMORE	Transaction ID: 2009M02L21A00371 Date of Disbursement																				
Mailing Address 3650 S GLEBE ROAD UNIT 649	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td colspan="10">83.34</td> </tr> </table>	83.34																			
83.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) NATIONAL CAR RENTAL	Transaction ID: 2009M02L21A00371M Date of Disbursement																				
Mailing Address P O BOX 402334	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ATLANTA State GA Zip Code 30384	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td colspan="10">83.34</td> </tr> </table>	83.34																			
83.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JONATHAN GILMORE	Transaction ID: 2009M02L21A00372 Date of Disbursement																				
Mailing Address 3650 S GLEBE ROAD UNIT 649	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement FUEL	<table border="1"> <tr> <td colspan="10">7.91</td> </tr> </table>	7.91																			
7.91																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

91.25

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1041 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JONATHAN GILMORE Mailing Address 3650 S GLEBE ROAD UNIT 649	Transaction ID: 2009M02L21A00373 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement INTERNET SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>43.00</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) COMCAST Mailing Address P O BOX 3005 City SOUTHEASTERN State PA Zip Code 19398 Purpose of Disbursement INTERNET SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00373M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>43.00</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) JONATHAN GILMORE Mailing Address 3650 S GLEBE ROAD UNIT 649 City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00374 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>171.13</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

214.13

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1042 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) EMBASSY SUITES, DENVER CO	Transaction ID: 2009M02L21A00374M Date of Disbursement																				
Mailing Address 7001 YAMPA STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City DENVER State CO Zip Code 80249	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">171.13</td> </tr> </table>	171.13																			
171.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) JONATHAN GILMORE	Transaction ID: 2009M02L21A00375 Date of Disbursement																				
Mailing Address 3650 S GLEBE ROAD UNIT 649	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">205.92</td> </tr> </table>	205.92																			
205.92																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
C. Full Name (Last, First, Middle Initial) COURTYARD MARRIOTT CHARLOTTE	Transaction ID: 2009M02L21A00375M Date of Disbursement																				
Mailing Address 2700 LITTLE ROCK ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City CHARLOTTE State NC Zip Code 28214	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">205.92</td> </tr> </table>	205.92																			
205.92																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

SUBTOTAL of Disbursements This Page (optional)

205.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1043 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JONATHAN GILMORE	Transaction ID: 2009M02L21A00376 Date of Disbursement																				
Mailing Address 3650 S GLEBE ROAD UNIT 649	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>217.73</td> </tr> </table>	217.73																			
217.73																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) EMBASSY SUITES, PHILADELPHIA	Transaction ID: 2009M02L21A00376M Date of Disbursement																				
Mailing Address 9000 BARTRAM AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City PHILADELPHIA State PA Zip Code 19153	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>217.73</td> </tr> </table>	217.73																			
217.73																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JONATHAN GILMORE	Transaction ID: 2009M02L21A00377 Date of Disbursement																				
Mailing Address 3650 S GLEBE ROAD UNIT 649	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>2.09</td> </tr> </table>	2.09																			
2.09																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

219.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1044 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) HUDSON NEWS, PHILADELPHIA PA	Transaction ID: 2009M02L21A00377M Date of Disbursement																				
Mailing Address 6999 ESSINGTON AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City PHILADELPHIA State PA Zip Code 19153	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">2.09</td> </tr> </table>	2.09																			
2.09																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) JONATHAN GILMORE	Transaction ID: 2009M02L21A00378 Date of Disbursement																				
Mailing Address 3650 S GLEBE ROAD UNIT 649	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">2.73</td> </tr> </table>	2.73																			
2.73																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
C. Full Name (Last, First, Middle Initial) TACO BELL, MONTGOMERYVILLE PA	Transaction ID: 2009M02L21A00378M Date of Disbursement																				
Mailing Address 769 BETHLEHEM PIKE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City MONTGOMERYVILLE State PA Zip Code 18936	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">2.73</td> </tr> </table>	2.73																			
2.73																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

SUBTOTAL of Disbursements This Page (optional)

2.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1045 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JONATHAN GILMORE	Transaction ID: 2009M02L21A00379 Date of Disbursement																				
Mailing Address 3650 S GLEBE ROAD UNIT 649	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
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City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">4.68</td> </tr> </table>	4.68																			
4.68																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) CARIBOU COFFEE, DENVER CO	Transaction ID: 2009M02L21A00379M Date of Disbursement																				
Mailing Address 8500 PENA BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City DENVER State CO Zip Code 80249	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">4.68</td> </tr> </table>	4.68																			
4.68																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JONATHAN GILMORE	Transaction ID: 2009M02L21A00380 Date of Disbursement																				
Mailing Address 3650 S GLEBE ROAD UNIT 649	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">4.81</td> </tr> </table>	4.81																			
4.81																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

9.49

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1046 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CHARLOTTE LANDING Mailing Address P O BOX 19066	Transaction ID: 2009M02L21A00380M Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	9		2	0	0	9													
City CHARLOTTE State NC Zip Code 28219 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4.81</td> </tr> </table> [MEMO ITEM]	4.81																				
4.81																						
B. Full Name (Last, First, Middle Initial) JONATHAN GILMORE Mailing Address 3650 S GLEBE ROAD UNIT 649 City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00381 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>5.98</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9	5.98
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	9		2	0	0	9													
5.98																						
C. Full Name (Last, First, Middle Initial) EINSTEIN BROS, WASHINGTON DC Mailing Address 1 AVIATION CIRCLE City WASHINGTON State DC Zip Code 20001 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00381M Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>5.98</td> </tr> </table> [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9	5.98
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	9		2	0	0	9													
5.98																						

SUBTOTAL of Disbursements This Page (optional)

5.98

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1047 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JONATHAN GILMORE	Transaction ID: 2009M02L21A00382 Date of Disbursement																				
Mailing Address 3650 S GLEBE ROAD UNIT 649	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">7.29</td> </tr> </table>	7.29																			
7.29																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) FABULOUSLY FRESH-WASHINGTON DC	Transaction ID: 2009M02L21A00382M Date of Disbursement																				
Mailing Address 1 AVIATION CIRCLE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">7.29</td> </tr> </table>	7.29																			
7.29																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JONATHAN GILMORE	Transaction ID: 2009M02L21A00383 Date of Disbursement																				
Mailing Address 3650 S GLEBE ROAD UNIT 649	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">9.58</td> </tr> </table>	9.58																			
9.58																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

16.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1048 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) LAKESIDE NEWS	Transaction ID: 2009M02L21A00383M Date of Disbursement																				
Mailing Address 4300 GLUMACK	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	9													
City ST PAUL State MN Zip Code 55111	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">9.58</td> </tr> </table>	9.58																			
9.58																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) JONATHAN GILMORE	Transaction ID: 2009M02L21A00384 Date of Disbursement																				
Mailing Address 3650 S GLEBE ROAD UNIT 649	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	9													
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">13.78</td> </tr> </table>	13.78																			
13.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
C. Full Name (Last, First, Middle Initial) CRACKER BARREL, CHARLOTTE NC	Transaction ID: 2009M02L21A00384M Date of Disbursement																				
Mailing Address 3203 QUEEN CITY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	9													
City CHARLOTTE State NC Zip Code 28208	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">13.78</td> </tr> </table>	13.78																			
13.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

13.78

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1050 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JONATHAN GILMORE	Transaction ID: 2009M02L21A00387 Date of Disbursement																				
Mailing Address 3650 S GLEBE ROAD UNIT 649	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td>40.00</td> </tr> </table>	40.00																			
40.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JONATHAN GILMORE	Transaction ID: 2009M02L21A00388 Date of Disbursement																				
Mailing Address 3650 S GLEBE ROAD UNIT 649	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td>60.00</td> </tr> </table>	60.00																			
60.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JONATHAN GILMORE	Transaction ID: 2009M02L21A00389 Date of Disbursement																				
Mailing Address 3650 S GLEBE ROAD UNIT 649	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td>3.99</td> </tr> </table>	3.99																			
3.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

103.99

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1051 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

AT & T MOBILITY

Mailing Address P O BOX 6463

City
CAROL STREAMState
ILZip Code
60197Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00389M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Amount of Each Disbursement this Period

3.99

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

JONATHAN GILMORE

Mailing Address 3650 S GLEBE ROAD UNIT 649

City
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
TOLLS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00390

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

0.95

C.

Full Name (Last, First, Middle Initial)

GLP, INC

Mailing Address 3361-Q 75TH STREET

City
LANDOVERState
MDZip Code
20785Purpose of Disbursement
STAGE PRODUCTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00391

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Disbursement this Period

9865.22

SUBTOTAL of Disbursements This Page (optional)

9866.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1052 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
GODDARD-GA VICTORY COMMITTEE

Mailing Address **PO BOX 550008**

City **ATLANTA** State **GA** Zip Code **30355**

Purpose of Disbursement
EXCESS TRIP FUNDS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00392

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20588.20

B. Full Name (Last, First, Middle Initial)
HEATHER GODWIN

Mailing Address **6917 VANCOUVER RD**

City **SPRINGFIELD** State **VA** Zip Code **22152**

Purpose of Disbursement
PARKING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00393

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.00

C. Full Name (Last, First, Middle Initial)
HEATHER GODWIN

Mailing Address **6917 VANCOUVER RD**

City **SPRINGFIELD** State **VA** Zip Code **22152**

Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00394

Date of Disbursement

/ /

Amount of Each Disbursement this Period

94.79

SUBTOTAL of Disbursements This Page (optional)

20807.99

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

[MEMO ITEM]

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1054 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MIKE GRISSOM	Transaction ID: 2009M02L21A00397 Date of Disbursement																				
Mailing Address 122 MAYORCA COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ROYAL PALM BEACH State FL Zip Code 33411	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">626.40</td> </tr> </table>	626.40																			
626.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) AIR TRAN AIRWAYS INC	Transaction ID: 2009M02L21A00397M Date of Disbursement																				
Mailing Address 9955 AIRTRAN BLVD STE 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ORLANDO State FL Zip Code 32827	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">626.40</td> </tr> </table>	626.40																			
626.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MIKE GRISSOM	Transaction ID: 2009M02L21A00398 Date of Disbursement																				
Mailing Address 122 MAYORCA COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ROYAL PALM BEACH State FL Zip Code 33411	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">644.30</td> </tr> </table>	644.30																			
644.30																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1270.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1055 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: 2009M02L21A00398M Date of Disbursement																				
Mailing Address 5620 UNIVERSITY PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City WINSTON SALEM State NC Zip Code 27105 Purpose of Disbursement AIR FARE Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>6</td><td>4</td><td>4</td><td>.</td><td>3</td><td>0</td> </tr> </table>	6	4	4	.	3	0														
6	4	4	.	3	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) MIKE GRISSOM	Transaction ID: 2009M02L21A00399 Date of Disbursement																				
Mailing Address 122 MAYORCA COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City ROYAL PALM BEACH State FL Zip Code 33411 Purpose of Disbursement CAMPAIGN CONSULTING Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>6</td><td>6</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	6	6	0	.	0	0														
6	6	0	.	0	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) MIKE GRISSOM	Transaction ID: 2009M02L21A00400 Date of Disbursement																				
Mailing Address 122 MAYORCA COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City ROYAL PALM BEACH State FL Zip Code 33411 Purpose of Disbursement CAMPAIGN CONSULTING Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>6</td><td>6</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	6	6	0	.	0	0														
6	6	0	.	0	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

13200.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1056 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MIKE GRISSOM	Transaction ID: 2009M02L21A00401 Date of Disbursement																				
Mailing Address 122 MAYORCA COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ROYAL PALM BEACH State FL Zip Code 33411	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>440.39</td> </tr> </table>	440.39																			
440.39																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BGI SHARED SERVICES	Transaction ID: 2009M02L21A00401M Date of Disbursement																				
Mailing Address BUDGET RENT A CAR SYSTEMS, INC 14297 COLLECTIONS CENTER DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>440.39</td> </tr> </table>	440.39																			
440.39																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MIKE GRISSOM	Transaction ID: 2009M02L21A00402 Date of Disbursement																				
Mailing Address 122 MAYORCA COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ROYAL PALM BEACH State FL Zip Code 33411	Amount of Each Disbursement this Period																				
Purpose of Disbursement FUEL	<table border="1"> <tr> <td>13.22</td> </tr> </table>	13.22																			
13.22																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

453.61

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1057 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MIKE GRISSOM

Mailing Address 122 MAYORCA COURT

City
ROYAL PALM BEACHState
FLZip Code
33411Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00403

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Amount of Each Disbursement this Period

145.12

B.

Full Name (Last, First, Middle Initial)

ROSEN SHINGLE CREEK RESORTS

Mailing Address 9939 UNIVERSAL BLVD

City
ORLANDOState
FLZip Code
32819Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00403M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Amount of Each Disbursement this Period

145.12

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

MIKE GRISSOM

Mailing Address 122 MAYORCA COURT

City
ROYAL PALM BEACHState
FLZip Code
33411Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00404

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

426.00

SUBTOTAL of Disbursements This Page (optional)

571.12

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1059 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MIKE GRISSOM

Mailing Address 122 MAYORCA COURT

City
ROYAL PALM BEACHState
FLZip Code
33411Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00406

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

6.85

B.

Full Name (Last, First, Middle Initial)

CHARLEY'S STEAKERY, ATLANTA GA

Mailing Address 6000 NORTH TERMINAL PKWY

City
ATLANTAState
GAZip Code
30320Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00406M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

6.85

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

MIKE GRISSOM

Mailing Address 122 MAYORCA COURT

City
ROYAL PALM BEACHState
FLZip Code
33411Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00407

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional) ►

16.85

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1060 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) HILTON GARDEN INN-ST PAUL CITY	Transaction ID: 2009M02L21A00407M Date of Disbursement																				
Mailing Address 411 MINNESOTA STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ST PAUL State MN Zip Code 55101	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) MIKE GRISSOM	Transaction ID: 2009M02L21A00408 Date of Disbursement																				
Mailing Address 122 MAYORCA COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ROYAL PALM BEACH State FL Zip Code 33411	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">29.08</td> </tr> </table>	29.08																			
29.08																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
C. Full Name (Last, First, Middle Initial) BRIT'S, MINNEAPOLIS MN	Transaction ID: 2009M02L21A00408M Date of Disbursement																				
Mailing Address 1110 NICOLLE MALL	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City MINNEAPOLIS State MN Zip Code 55403	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">29.08</td> </tr> </table>	29.08																			
29.08																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

SUBTOTAL of Disbursements This Page (optional)

29.08

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1061 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MIKE GRISSOM

Mailing Address 122 MAYORCA COURT

City
ROYAL PALM BEACHState
FLZip Code
33411Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00409

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)

CAPITOL LOUNGE

Mailing Address 231 PENNSYLVANIA AVE SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00409M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

MIKE GRISSOM

Mailing Address 122 MAYORCA COURT

City
ROYAL PALM BEACHState
FLZip Code
33411Purpose of Disbursement
METRO RAIL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00410

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

40.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MIKE GRISSOM	Transaction ID: 2009M02L21A00411 Date of Disbursement																				
Mailing Address 122 MAYORCA COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
<table border="1"> <tr> <td>City ROYAL PALM BEACH</td> <td>State FL</td> <td>Zip Code 33411</td> </tr> <tr> <td colspan="2">Purpose of Disbursement MILEAGE</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City ROYAL PALM BEACH	State FL	Zip Code 33411	Purpose of Disbursement MILEAGE		Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>185.90</td> </tr> </table>	185.90											
City ROYAL PALM BEACH	State FL	Zip Code 33411																			
Purpose of Disbursement MILEAGE		Category/ Type																			
Candidate Name																					
185.90																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
B. Full Name (Last, First, Middle Initial) MIKE GRISSOM	Transaction ID: 2009M02L21A00412 Date of Disbursement																				
Mailing Address 122 MAYORCA COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
<table border="1"> <tr> <td>City ROYAL PALM BEACH</td> <td>State FL</td> <td>Zip Code 33411</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PARKING</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City ROYAL PALM BEACH	State FL	Zip Code 33411	Purpose of Disbursement PARKING		Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>38.22</td> </tr> </table>	38.22											
City ROYAL PALM BEACH	State FL	Zip Code 33411																			
Purpose of Disbursement PARKING		Category/ Type																			
Candidate Name																					
38.22																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
C. Full Name (Last, First, Middle Initial) MIKE GRISSOM	Transaction ID: 2009M02L21A00413 Date of Disbursement																				
Mailing Address 122 MAYORCA COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
<table border="1"> <tr> <td>City ROYAL PALM BEACH</td> <td>State FL</td> <td>Zip Code 33411</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PARKING</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City ROYAL PALM BEACH	State FL	Zip Code 33411	Purpose of Disbursement PARKING		Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>76.67</td> </tr> </table>	76.67											
City ROYAL PALM BEACH	State FL	Zip Code 33411																			
Purpose of Disbursement PARKING		Category/ Type																			
Candidate Name																					
76.67																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

SUBTOTAL of Disbursements This Page (optional)

300.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1063 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) BLAKE HALL	Transaction ID: 2009M02L21A00414																				
	Mailing Address P O BOX 51630	Date of Disbursement																				
	City IDAHO FALLS State ID Zip Code 83405	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	9		2	0	0	9													
	Purpose of Disbursement AIR FARE	Amount of Each Disbursement this Period																				
	Candidate Name	<table border="1"> <tr> <td colspan="10">518.00</td> </tr> </table>	518.00																			
518.00																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																					
B.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: 2009M02L21A00414M																				
	Mailing Address 1629 K ST NW	Date of Disbursement																				
	City WASHINGTON State DC Zip Code 20006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	9		2	0	0	9													
	Purpose of Disbursement AIR FARE	Amount of Each Disbursement this Period																				
	Candidate Name	<table border="1"> <tr> <td colspan="10">518.00</td> </tr> </table>	518.00																			
518.00																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																					
C.	Full Name (Last, First, Middle Initial) YONNICK HAMMOND	Transaction ID: 2009M02L21A00415																				
	Mailing Address 816 S 18TH ST	Date of Disbursement																				
	City ARLINGTON State VA Zip Code 20222	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	9		2	0	0	9													
	Purpose of Disbursement CAR RENTAL	Amount of Each Disbursement this Period																				
	Candidate Name	<table border="1"> <tr> <td colspan="10">840.15</td> </tr> </table>	840.15																			
840.15																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																					

SUBTOTAL of Disbursements This Page (optional)

1358.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AVIS RENT A CAR SYSTEM, INC.	Transaction ID: 2009M02L21A00415M Date of Disbursement
Mailing Address 7876 COLLECTIONS CENTER DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period
Purpose of Disbursement CAR RENTAL	<div>840.15</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<div>[MEMO ITEM]</div>	
B. Full Name (Last, First, Middle Initial) YONNICK HAMMOND	Transaction ID: 2009M02L21A00416 Date of Disbursement
Mailing Address 816 S 18TH ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 20222	Amount of Each Disbursement this Period
Purpose of Disbursement FUEL	<div>18.96</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) YONNICK HAMMOND	Transaction ID: 2009M02L21A00417 Date of Disbursement
Mailing Address 816 S 18TH ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 20222	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>215.98</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

234.94

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) QUALITY INN & SUITES, WILM DE <hr/> Mailing Address 4000 CONCORD PIKE	Transaction ID: 2009M02L21A00417M Date of Disbursement <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9 </div>
City State Zip Code WILMINGTON DE 19803 <hr/> Purpose of Disbursement LODGING <hr/> Candidate Name	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">215.98</div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div style="width: 65%;"> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> [MEMO ITEM]
<div style="border-top: 1px solid black; padding-top: 5px;"> B. Full Name (Last, First, Middle Initial) YONNICK HAMMOND <hr/> Mailing Address 816 S 18TH ST </div>	Transaction ID: 2009M02L21A00418 Date of Disbursement <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9 </div>
City State Zip Code ARLINGTON VA 20222 <hr/> Purpose of Disbursement MEALS <hr/> Candidate Name	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2.99</div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div style="width: 65%;"> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div>
<div style="border-top: 1px solid black; padding-top: 5px;"> C. Full Name (Last, First, Middle Initial) MCDONALD'S, WILMINGTON DE <hr/> Mailing Address 101 NEW ROAD </div>	Transaction ID: 2009M02L21A00418M Date of Disbursement <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9 </div>
City State Zip Code WILMINGTON DE 19805 <hr/> Purpose of Disbursement MEALS <hr/> Candidate Name	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2.99</div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div style="width: 65%;"> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> [MEMO ITEM]
<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> SUBTOTAL of Disbursements This Page (optional) ▶ </div> <div style="width: 30%; text-align: right;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">2.99</div> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> TOTAL This Period (last page this line number only) ▶ </div> <div style="width: 30%;"></div> </div>	

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

[MEMO ITEM]

[MEMO ITEM]

[MEMO ITEM]

A blank grid consisting of 10 columns and 2 rows of squares, intended for drawing a picture.

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ARBY'S, WILMINGTON DE	Transaction ID: 2009M02L21A00423M Date of Disbursement																				
Mailing Address 3211 KIRKWOOD HIGHWAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WILMINGTON State DE Zip Code 19808	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">6.69</td> </tr> </table>	6.69																			
6.69																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) YONNICK HAMMOND	Transaction ID: 2009M02L21A00424 Date of Disbursement																				
Mailing Address 816 S 18TH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City ARLINGTON State VA Zip Code 20222	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">11.25</td> </tr> </table>	11.25																			
11.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JOHNNIES DOG HOUSE, WILMINGTON	Transaction ID: 2009M02L21A00424M Date of Disbursement																				
Mailing Address 3401 CONCORD PIKE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WILMINGTON State DE Zip Code 19803	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">11.25</td> </tr> </table>	11.25																			
11.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

11.25

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DUNKIN DONUTS, WILMINGTON DE	Transaction ID: 2009M02L21A00426M Date of Disbursement
Mailing Address 3001 LANCASTER AVE]	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City WILMINGTON State DE Zip Code 19805	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>21.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) YONNICK HAMMOND	Transaction ID: 2009M02L21A00427 Date of Disbursement
Mailing Address 816 S 18TH ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 20222	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>24.28</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) RED LOBSTER, TALLEYVILLE DE	Transaction ID: 2009M02L21A00427M Date of Disbursement
Mailing Address 309 ROCKY RUN PARKWAY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City TALLEYVILLE State DE Zip Code 19803-1522	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>24.28</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

24.28

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) YONNICK HAMMOND	Transaction ID: 2009M02L21A00428 Date of Disbursement																				
Mailing Address 816 S 18TH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City ARLINGTON State VA Zip Code 20222	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">30.45</td> </tr> </table>	30.45																			
30.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) TORTOISE & HARE, ARLINGTON VA	Transaction ID: 2009M02L21A00428M Date of Disbursement																				
Mailing Address 567 23RD SOUTH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">30.45</td> </tr> </table>	30.45																			
30.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) YONNICK HAMMOND	Transaction ID: 2009M02L21A00429 Date of Disbursement																				
Mailing Address 816 S 18TH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City ARLINGTON State VA Zip Code 20222	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">37.48</td> </tr> </table>	37.48																			
37.48																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

67.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) APPLEBEES, WILMINGTON DE	Transaction ID: 2009M02L21A00429M Date of Disbursement
Mailing Address 1600 ROCKY RUN PARKWAY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City WILMINGTON State DE Zip Code 19803	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div> <div></div> <div>37.48</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) YONNICK HAMMOND	Transaction ID: 2009M02L21A00430 Date of Disbursement
Mailing Address 816 S 18TH ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 20222	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div> <div></div> <div>41.13</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) TACO BELL, CLINTON MD	Transaction ID: 2009M02L21A00430M Date of Disbursement
Mailing Address 6420 COVENTRY WAY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City CLINTON State MD Zip Code 20735	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div> <div></div> <div>41.13</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

41.13

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) YONNICK HAMMOND Mailing Address 816 S 18TH ST	Transaction ID: 2009M02L21A00431 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 20222 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>82.13</div>
B. Full Name (Last, First, Middle Initial) STAPLES, WILMINGTON DE Mailing Address 3200 KIRKWOOD HIGHWAY City WILMINGTON State DE Zip Code 19808 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00431M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>82.13</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) YONNICK HAMMOND Mailing Address 816 S 18TH ST City ARLINGTON State VA Zip Code 20222 Purpose of Disbursement TOLLS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00432 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>6.00</div>

SUBTOTAL of Disbursements This Page (optional) ►

88.13

TOTAL This Period (last page this line number only) ►

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

11.00

3987.00

6519.33

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
BISTRO BIS, WASHINGTON DC

Mailing Address **15 E ST NW**

City **WASHINGTON** State **DC** Zip Code **20036**

Purpose of Disbursement
MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00437M
Date of Disbursement

/ /

Amount of Each Disbursement this Period

74.15

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
ANNE F. HATHAWAY

Mailing Address **4505 N. DELAWARE**

City **INDIANAPOLIS** State **IN** Zip Code **46205**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00438
Date of Disbursement

/ /

Amount of Each Disbursement this Period

77.02

C.

Full Name (Last, First, Middle Initial)
STAPLES, INDIANAPOLIS IN

Mailing Address **617 WEST 11TH ST**

City **INDIANAPOLIS** State **IN** Zip Code **46202**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00438M
Date of Disbursement

/ /

Amount of Each Disbursement this Period

77.02

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

77.02

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1079 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
THE HERTZ CORPORATION

Mailing Address **COMMERCIAL BILLING DEPT 1124
 PO BOX 121124**

City **DALLAS** State **TX** Zip Code **75312**

Purpose of Disbursement
CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00441
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

148.42

B.

Full Name (Last, First, Middle Initial)
THE HERTZ CORPORATION

Mailing Address **COMMERCIAL BILLING DEPT 1124
 PO BOX 121124**

City **DALLAS** State **TX** Zip Code **75312**

Purpose of Disbursement
CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00442
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

188.16

C.

Full Name (Last, First, Middle Initial)
NANCY D HIBBS

Mailing Address **1005 NEW DAWN LANE**

City **ODENTON** State **MD** Zip Code **21113**

Purpose of Disbursement
STORAGE COST

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00443
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

840.04

SUBTOTAL of Disbursements This Page (optional)

1176.62

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1080 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) PUBLIC STORAGE	Transaction ID: 2009M02L21A00443M Date of Disbursement
Mailing Address 7975 BRANCH AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City CLINTON State MD Zip Code 20735	Amount of Each Disbursement this Period
Purpose of Disbursement STORAGE COST	<div>840.04</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) HILL HOUSE APARTMENTS	Transaction ID: 2009M02L21A00444 Date of Disbursement
Mailing Address 110 D STREET, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement PARKING	<div>175.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) HILL HOUSE APARTMENTS	Transaction ID: 2009M02L21A00445 Date of Disbursement
Mailing Address 110 D STREET, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement PARKING, RENT	<div>1970.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2145.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) HILTON JACKSON		Transaction ID: 2009M02L21A00446 Date of Disbursement		
	Mailing Address 1001 EAST COUNTY LINE RD		<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>0</div> <div>1</div> </div> <div> <div>0</div> <div>9</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>9</div> </div>		
	City JACKSON	State MS	Zip Code 39211	Amount of Each Disbursement this Period	
	Purpose of Disbursement LODGING		<div> <div> <div>Category/</div> <div>Type</div> </div> </div>	2198.44	
Candidate Name					
Office Sought: <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>		Disbursement For: <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div>			
State: District:					
B.	Full Name (Last, First, Middle Initial) HOLTZMAN VOGEL, PLLC		Transaction ID: 2009M02L21A00447 Date of Disbursement		
	Mailing Address 98 ALEXANDRIA PIKE SUITE 53		<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>0</div> <div>1</div> </div> <div> <div>1</div> <div>5</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>9</div> </div>		
	City WARRENTON	State VA	Zip Code 20186	Amount of Each Disbursement this Period	
	Purpose of Disbursement CONFERENCE CALLS		<div> <div> <div>Category/</div> <div>Type</div> </div> </div>	14.00	
Candidate Name					
Office Sought: <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>		Disbursement For: <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div>			
State: District:					
C.	Full Name (Last, First, Middle Initial) HOLTZMAN VOGEL, PLLC		Transaction ID: 2009M02L21A00448 Date of Disbursement		
	Mailing Address 98 ALEXANDRIA PIKE SUITE 53		<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>0</div> <div>1</div> </div> <div> <div>1</div> <div>5</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>9</div> </div>		
	City WARRENTON	State VA	Zip Code 20186	Amount of Each Disbursement this Period	
	Purpose of Disbursement LEGAL CONSULTING		<div> <div> <div>Category/</div> <div>Type</div> </div> </div>	5000.00	
Candidate Name					
Office Sought: <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>		Disbursement For: <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div>			
State: District:					
SUBTOTAL of Disbursements This Page (optional)			7212.44		
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) HOLTZMAN VOGEL, PLLC	Transaction ID: 2009M02L21A00449 Date of Disbursement
Mailing Address 98 ALEXANDRIA PIKE SUITE 53	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City WARRENTON State VA Zip Code 20186	Amount of Each Disbursement this Period
Purpose of Disbursement LEGAL CONSULTING Candidate Name	<div> <div>20000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ERIN HUNT	Transaction ID: 2009M02L21A00450 Date of Disbursement
Mailing Address 6808 MIRANDA DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City AUSTIN State TX Zip Code 78752	Amount of Each Disbursement this Period
Purpose of Disbursement GRAPHIC SERVICES Candidate Name	<div> <div>500.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) HYATT REGENCY MINNEAPOLIS	Transaction ID: 2009M02L21A00451 Date of Disbursement
Mailing Address 1300 NICOLLET MALL	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City MINNEAPOLIS State MN Zip Code 55403	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING Candidate Name	<div> <div>17575.17</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

38075.17

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1083 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ICS CORPORATION Mailing Address 2225 RICHMOND STREET	Transaction ID: 2009M02L21A00452 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19125 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>303902.77</div>
B. Full Name (Last, First, Middle Initial) ICS CORPORATION Mailing Address 2225 RICHMOND STREET City PHILADELPHIA State PA Zip Code 19125 Purpose of Disbursement PRINT,MAIL PRODUCTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00453 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>14176.14</div>
C. Full Name (Last, First, Middle Initial) IMPACT OFFICE PRODUCTS Mailing Address P O BOX 403846 City ATLANTA State GA Zip Code 30384 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00454 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2.95</div>

SUBTOTAL of Disbursements This Page (optional)

318081.86

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1084 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) IMPACT OFFICE PRODUCTS	Transaction ID: 2009M02L21A00455 Date of Disbursement																				
Mailing Address P O BOX 403846	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City ATLANTA State GA Zip Code 30384	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">3.54</td> </tr> </table>	3.54																			
3.54																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) IMPACT OFFICE PRODUCTS	Transaction ID: 2009M02L21A00456 Date of Disbursement																				
Mailing Address P O BOX 403846	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ATLANTA State GA Zip Code 30384	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">4.97</td> </tr> </table>	4.97																			
4.97																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) IMPACT OFFICE PRODUCTS	Transaction ID: 2009M02L21A00457 Date of Disbursement																				
Mailing Address P O BOX 403846	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ATLANTA State GA Zip Code 30384	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">5.28</td> </tr> </table>	5.28																			
5.28																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

13.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) IMPACT OFFICE PRODUCTS	Transaction ID: 2009M02L21A00458 Date of Disbursement																				
Mailing Address P O BOX 403846	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City ATLANTA State GA Zip Code 30384	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td colspan="10">13.02</td> </tr> </table>	13.02																			
13.02																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) IMPACT OFFICE PRODUCTS	Transaction ID: 2009M02L21A00459 Date of Disbursement																				
Mailing Address P O BOX 403846	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ATLANTA State GA Zip Code 30384	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td colspan="10">17.70</td> </tr> </table>	17.70																			
17.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) IMPACT OFFICE PRODUCTS	Transaction ID: 2009M02L21A00460 Date of Disbursement																				
Mailing Address P O BOX 403846	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ATLANTA State GA Zip Code 30384	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td colspan="10">17.70</td> </tr> </table>	17.70																			
17.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

48.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
IMPACT OFFICE PRODUCTS

Mailing Address **P O BOX 403846**

City **ATLANTA** State **GA** Zip Code **30384**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00461

Date of Disbursement

/ /

Amount of Each Disbursement this Period

17.91

B.

Full Name (Last, First, Middle Initial)
IMPACT OFFICE PRODUCTS

Mailing Address **P O BOX 403846**

City **ATLANTA** State **GA** Zip Code **30384**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00462

Date of Disbursement

/ /

Amount of Each Disbursement this Period

19.96

C.

Full Name (Last, First, Middle Initial)
IMPACT OFFICE PRODUCTS

Mailing Address **P O BOX 403846**

City **ATLANTA** State **GA** Zip Code **30384**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00463

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.85

SUBTOTAL of Disbursements This Page (optional)

63.72

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1088 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) IMPACT OFFICE PRODUCTS <hr/> Mailing Address P O BOX 403846	Transaction ID: 2009M02L21A00467 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
<div> <div>City ATLANTA State GA Zip Code 30384</div> <div>Purpose of Disbursement OFFICE SUPPLIES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>70.80</div>
B. Full Name (Last, First, Middle Initial) IMPACT OFFICE PRODUCTS <hr/> Mailing Address P O BOX 403846	Transaction ID: 2009M02L21A00468 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
<div> <div>City ATLANTA State GA Zip Code 30384</div> <div>Purpose of Disbursement OFFICE SUPPLIES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>122.35</div>
C. Full Name (Last, First, Middle Initial) IMPACT OFFICE PRODUCTS <hr/> Mailing Address P O BOX 403846	Transaction ID: 2009M02L21A00469 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
<div> <div>City ATLANTA State GA Zip Code 30384</div> <div>Purpose of Disbursement OFFICE SUPPLIES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>132.61</div>

SUBTOTAL of Disbursements This Page (optional) ►

325.76

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
IMPACT OFFICE PRODUCTS

Mailing Address **P O BOX 403846**

City **ATLANTA** State **GA** Zip Code **30384**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00470

Date of Disbursement

/ /

Amount of Each Disbursement this Period

172.29

B.

Full Name (Last, First, Middle Initial)
IMPACT OFFICE PRODUCTS

Mailing Address **P O BOX 403846**

City **ATLANTA** State **GA** Zip Code **30384**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00471

Date of Disbursement

/ /

Amount of Each Disbursement this Period

201.24

C.

Full Name (Last, First, Middle Initial)
IMPACT OFFICE PRODUCTS

Mailing Address **P O BOX 403846**

City **ATLANTA** State **GA** Zip Code **30384**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00472

Date of Disbursement

/ /

Amount of Each Disbursement this Period

292.50

SUBTOTAL of Disbursements This Page (optional)

666.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1090 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 IMPACT OFFICE PRODUCTS

Mailing Address P O BOX 403846

City ATLANTA State GA Zip Code 30384

Purpose of Disbursement
 OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00473

Date of Disbursement

/ /

Amount of Each Disbursement this Period

333.92

B.

Full Name (Last, First, Middle Initial)
 IMPACT OFFICE PRODUCTS

Mailing Address P O BOX 403846

City ATLANTA State GA Zip Code 30384

Purpose of Disbursement
 OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00474

Date of Disbursement

/ /

Amount of Each Disbursement this Period

648.80

C.

Full Name (Last, First, Middle Initial)
 IMPACT OFFICE PRODUCTS

Mailing Address P O BOX 403846

City ATLANTA State GA Zip Code 30384

Purpose of Disbursement
 OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00475

Date of Disbursement

/ /

Amount of Each Disbursement this Period

672.41

SUBTOTAL of Disbursements This Page (optional)

1655.13

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) IMPACT OFFICE PRODUCTS	Transaction ID: 2009M02L21A00479 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 29 / 2009</div> </div>
Mailing Address P O BOX 403846	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">1432.02</div>
<div style="display: flex; justify-content: space-between;"> <div>City ATLANTA</div> <div>State GA</div> <div>Zip Code 30384</div> </div>	
Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	
<div style="display: flex; justify-content: space-between;"> <div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	
<div style="border: 1px solid black; padding: 5px; text-align: center;">Category/Type</div>	
B. Full Name (Last, First, Middle Initial) IMPACT OFFICE PRODUCTS	Transaction ID: 2009M02L21A00480 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 22 / 2009</div> </div>
Mailing Address P O BOX 403846	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">1623.66</div>
<div style="display: flex; justify-content: space-between;"> <div>City ATLANTA</div> <div>State GA</div> <div>Zip Code 30384</div> </div>	
Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	
<div style="display: flex; justify-content: space-between;"> <div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	
<div style="border: 1px solid black; padding: 5px; text-align: center;">Category/Type</div>	
C. Full Name (Last, First, Middle Initial) IMPACT OFFICE PRODUCTS	Transaction ID: 2009M02L21A00481 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 09 / 2009</div> </div>
Mailing Address P O BOX 403846	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">1907.44</div>
<div style="display: flex; justify-content: space-between;"> <div>City ATLANTA</div> <div>State GA</div> <div>Zip Code 30384</div> </div>	
Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	
<div style="display: flex; justify-content: space-between;"> <div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	
<div style="border: 1px solid black; padding: 5px; text-align: center;">Category/Type</div>	
SUBTOTAL of Disbursements This Page (optional) ▶	
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) INTERACTIVE MARKETING</p> <p>Mailing Address SOLUTIONS, LLC 777 SUMMER STREET, SUITE 502</p> <p>City STAMFORD State CT Zip Code 06901</p> <p>Purpose of Disbursement DATA FILE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00482 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 995.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) IOWA SECRETARY OF STATE</p> <p>Mailing Address LUCAS STATE OFFICE BLDG FIRST FLOOR</p> <p>City DES MOINES State IA Zip Code 50319</p> <p>Purpose of Disbursement VOTER DATA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00483 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1040.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) IRON MOUNTAIN</p> <p>Mailing Address P O BOX 27129</p> <p>City NEW YORK State NY Zip Code 10087</p> <p>Purpose of Disbursement DATA STORAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00484 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 212.91</p>

SUBTOTAL of Disbursements This Page (optional)

2247.91

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

DAN ITEN

Mailing Address 4405 1ST ROAD S

City
ARLINGTONState
VAZip Code
22204Purpose of Disbursement
AIR FARE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00485

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

329.86

B.

Full Name (Last, First, Middle Initial)

UNITED AIRLINES

Mailing Address PO BOX 2013

City
CHICAGOState
ILZip Code
60673Purpose of Disbursement
AIR FARE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00485M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

329.86

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

DAN ITEN

Mailing Address 4405 1ST ROAD S

City
ARLINGTONState
VAZip Code
22204Purpose of Disbursement
AIR FARE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00486

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

445.12

SUBTOTAL of Disbursements This Page (optional) ►

774.98

TOTAL This Period (last page this line number only) ►

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DAN ITEN	Transaction ID: 2009M02L21A00488 Date of Disbursement																				
Mailing Address 4405 1ST ROAD S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ARLINGTON State VA Zip Code 22204	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">39.50</td> </tr> </table>	39.50																			
39.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) TARGET, FALLS CHURCH VA	Transaction ID: 2009M02L21A00488M Date of Disbursement																				
Mailing Address 6100 ARLINGTON BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City FALLS CHURCH State VA Zip Code 22044	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">39.50</td> </tr> </table>	39.50																			
39.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) DAN ITEN	Transaction ID: 2009M02L21A00489 Date of Disbursement																				
Mailing Address 4405 1ST ROAD S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22204	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td colspan="10">121.57</td> </tr> </table>	121.57																			
121.57																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

161.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A00489M Date of Disbursement
Mailing Address P O BOX 25505	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period <div>121.57</div>
Purpose of Disbursement TELEPHONE CHARGES Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) DAN ITEN	Transaction ID: 2009M02L21A00490 Date of Disbursement
Mailing Address 4405 1ST ROAD S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22204	Amount of Each Disbursement this Period <div>137.51</div>
Purpose of Disbursement TELEPHONE CHARGES Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A00490M Date of Disbursement
Mailing Address P O BOX 25505	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period <div>137.51</div>
Purpose of Disbursement TELEPHONE CHARGES Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

137.51

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) BARRY JACKSON		Transaction ID: 2009M02L21A00491 Date of Disbursement	
	Mailing Address 761 10TH ST SE		<div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div>	
	City State Zip Code WASHINGTON DC 20003		Amount of Each Disbursement this Period	
	Purpose of Disbursement ISSUED IN ERROR		<div></div> <div>-363.93</div>	
	Candidate Name			
	Category/ Type			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
B.	Full Name (Last, First, Middle Initial) BARRY JACKSON		Transaction ID: 2009M02L21A00492 Date of Disbursement	
	Mailing Address 761 10TH ST SE		<div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div>	
	City State Zip Code WASHINGTON DC 20003		Amount of Each Disbursement this Period	
	Purpose of Disbursement MEALS		<div></div> <div>248.45</div>	
	Candidate Name			
	Category/ Type			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
C.	Full Name (Last, First, Middle Initial) WHITE HOUSE MESS CATERING		Transaction ID: 2009M02L21A00492M Date of Disbursement	
	Mailing Address 1600 PENNSYLVANIA AVE NW EEOB RM 93		<div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div>	
	City State Zip Code WASHINGTON DC 20502		Amount of Each Disbursement this Period	
	Purpose of Disbursement MEALS		<div></div> <div>248.45</div>	
	Candidate Name			
	Category/ Type			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		[MEMO ITEM]		
SUBTOTAL of Disbursements This Page (optional)			-115.48	
TOTAL This Period (last page this line number only)				

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

363.93

363.93

194.38

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 QUALITY INN & SUITES, WILM DE

Mailing Address 4000 CONCORD PIKE

City State Zip Code
 WILMINGTON DE 19803

Purpose of Disbursement
 LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00495M
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

194.38

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
 RACHEL JACOBS

Mailing Address 209 E GLENDALE AVE APT 3

City State Zip Code
 ALEXANDRIA VA 22301

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00496
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.40

C.

Full Name (Last, First, Middle Initial)
 WAWA, BRANDYWINE DE

Mailing Address 400 A WILSON RD

City State Zip Code
 BRANDYWINE DE 19803

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00496M
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

11.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1101 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RACHEL JACOBS	Transaction ID: 2009M02L21A00497 Date of Disbursement																				
Mailing Address 209 E GLENDALE AVE APT 3	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22301	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">12.76</td> </tr> </table>	12.76																			
12.76																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) DELAWARE HOUSE TRAVEL PLAZA	Transaction ID: 2009M02L21A00497M Date of Disbursement																				
Mailing Address 530 JFK MEMORIAL HWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City NEWARK State DE Zip Code 19711	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">12.76</td> </tr> </table>	12.76																			
12.76																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) RACHEL JACOBS	Transaction ID: 2009M02L21A00498 Date of Disbursement																				
Mailing Address 209 E GLENDALE AVE APT 3	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22301	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">20.15</td> </tr> </table>	20.15																			
20.15																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

32.91

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
 SALADWORKS CAFE, WILMINGTON DE

Mailing Address 4127 CONCORD PIKE

City State Zip Code
 WILMINGTON DE 19803

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00498M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.15

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
 RACHEL JACOBS

Mailing Address 209 E GLENDALE AVE APT 3

City State Zip Code
 ALEXANDRIA VA 22301

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00499

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.00

C. Full Name (Last, First, Middle Initial)
 BIG SKY BREAD COMPANY

Mailing Address 1812 MARSH RD

City State Zip Code
 WILMINGTON DE 19807

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00499M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

23.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1103 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RACHEL JACOBS	Transaction ID: 2009M02L21A00500 Date of Disbursement
Mailing Address 209 E GLENDALE AVE APT 3	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22301	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>62.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) APPLEBEES, WILMINGTON DE	Transaction ID: 2009M02L21A00500M Date of Disbursement
Mailing Address 1600 ROCKY RUN PARKWAY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City WILMINGTON State DE Zip Code 19803	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>62.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RACHEL JACOBS	Transaction ID: 2009M02L21A00501 Date of Disbursement
Mailing Address 209 E GLENDALE AVE APT 3	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22301	Amount of Each Disbursement this Period
Purpose of Disbursement TELEPHONE CHARGES	<div>130.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

192.40

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1104 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A00501M Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td colspan="10">130.40</td> </tr> </table>	130.40																			
130.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JIMMY'S JOHNNYS, INC	Transaction ID: 2009M02L21A00502 Date of Disbursement																				
Mailing Address 39578 GRAND AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City NORTH BRANCH State MN Zip Code 55056	Amount of Each Disbursement this Period																				
Purpose of Disbursement EQUIPMENT RENTAL	<table border="1"> <tr> <td colspan="10">331.86</td> </tr> </table>	331.86																			
331.86																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JOHNSON CONTROLS	Transaction ID: 2009M02L21A00503 Date of Disbursement																				
Mailing Address P O BOX 905240	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City CHARLOTTE State NC Zip Code 28290-5240	Amount of Each Disbursement this Period																				
Purpose of Disbursement EQUIPMENT MAINTENANCE	<table border="1"> <tr> <td colspan="10">5732.57</td> </tr> </table>	5732.57																			
5732.57																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6064.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JUSTON JOHNSON	Transaction ID: 2009M02L21A00504 Date of Disbursement
Mailing Address 820 WILLIAMSON ST STE 106	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City MADISON State WI Zip Code 53703	Amount of Each Disbursement this Period <div>185.18</div>
Purpose of Disbursement LODGING Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) EXPEDIA	Transaction ID: 2009M02L21A00504M Date of Disbursement
Mailing Address 10190 COVINGTON CROSS DR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City LAS VEGAS State NV Zip Code 89144	Amount of Each Disbursement this Period <div>185.18</div>
Purpose of Disbursement LODGING Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JUSTON JOHNSON	Transaction ID: 2009M02L21A00505 Date of Disbursement
Mailing Address 820 WILLIAMSON ST STE 106	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City MADISON State WI Zip Code 53703	Amount of Each Disbursement this Period <div>512.49</div>
Purpose of Disbursement LODGING Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

697.67

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) HILTON GARDEN INN-ST PAUL CITY	Transaction ID: 2009M02L21A00505M Date of Disbursement
Mailing Address 411 MINNESOTA STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City ST PAUL State MN Zip Code 55101	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>512.49</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) JUSTON JOHNSON	Transaction ID: 2009M02L21A00506 Date of Disbursement
Mailing Address 820 WILLIAMSON ST STE 106	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City MADISON State WI Zip Code 53703	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>9.64</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) PANERA BREAD, MINNEAPOLIS MN	Transaction ID: 2009M02L21A00506M Date of Disbursement
Mailing Address 233 EAST HENNEPIN AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City MINNEAPOLIS State MN Zip Code 55414	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>9.64</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

9.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JUSTON JOHNSON	Transaction ID: 2009M02L21A00507 Date of Disbursement
Mailing Address 820 WILLIAMSON ST STE 106	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City MADISON State WI Zip Code 53703	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>19.35</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ARBY'S, ST PAUL MN	Transaction ID: 2009M02L21A00507M Date of Disbursement
Mailing Address 1810 UNIVERSITY AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City ST PAUL State MN Zip Code 55104	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>19.35</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JUSTON JOHNSON	Transaction ID: 2009M02L21A00508 Date of Disbursement
Mailing Address 820 WILLIAMSON ST STE 106	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City MADISON State WI Zip Code 53703	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>53.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

72.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1108 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) HILTON GARDEN INN-ST PAUL CITY	Transaction ID: 2009M02L21A00508M Date of Disbursement																				
Mailing Address 411 MINNESOTA STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ST PAUL State MN Zip Code 55101	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">53.50</td> </tr> </table>	53.50																			
53.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) JUSTON JOHNSON	Transaction ID: 2009M02L21A00509 Date of Disbursement																				
Mailing Address 820 WILLIAMSON ST STE 106	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City MADISON State WI Zip Code 53703	Amount of Each Disbursement this Period																				
Purpose of Disbursement MILEAGE	<table border="1"> <tr> <td colspan="10">318.45</td> </tr> </table>	318.45																			
318.45																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JUSTON JOHNSON	Transaction ID: 2009M02L21A00510 Date of Disbursement																				
Mailing Address 820 WILLIAMSON ST STE 106	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City MADISON State WI Zip Code 53703	Amount of Each Disbursement this Period																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td colspan="10">28.00</td> </tr> </table>	28.00																			
28.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

346.45

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) JORDAN FOR CONGRESS		Transaction ID: 2009M02L21A00511 Date of Disbursement	
	Mailing Address PO BOX 860580		<div>MM / DD / YYYY</div> <div>01 / 29 / 2009</div>	
	City SHAWNEE State KS Zip Code 66226		Amount of Each Disbursement this Period	
	Purpose of Disbursement EXCESS TRIP FUNDS Candidate Name Office Sought: <div><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> Disbursement For: <div><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> State: District:		<div>Amount</div> <div>23504.67</div>	
B.	Full Name (Last, First, Middle Initial) JUNTTILA STUDIOS, INC		Transaction ID: 2009M02L21A00512 Date of Disbursement	
	Mailing Address 13575 MELVILLE LANE		<div>MM / DD / YYYY</div> <div>01 / 15 / 2009</div>	
	City CHANTILLY State VA Zip Code 20151		Amount of Each Disbursement this Period	
	Purpose of Disbursement PRINTING COST Candidate Name Office Sought: <div><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> Disbursement For: <div><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> State: District:		<div>Amount</div> <div>791.00</div>	
C.	Full Name (Last, First, Middle Initial) KENNEDY MAJORITY COMMITTEE		Transaction ID: 2009M02L21A00513 Date of Disbursement	
	Mailing Address PO BOX 75103		<div>MM / DD / YYYY</div> <div>01 / 29 / 2009</div>	
	City WASHINGTON State DC Zip Code 20003		Amount of Each Disbursement this Period	
	Purpose of Disbursement EXCESS TRIP FUNDS Candidate Name Office Sought: <div><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> Disbursement For: <div><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> State: District:		<div>Amount</div> <div>20443.72</div>	
SUBTOTAL of Disbursements This Page (optional)			44739.39	
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1110 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) KEYNOTES, INC.	Transaction ID: 2009M02L21A00514 Date of Disbursement
Mailing Address 157 N. PEPPERELL ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City HOLLIS State NH Zip Code 03049	Amount of Each Disbursement this Period
Purpose of Disbursement TRANSLATION COST	<div>51.52</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) KEYNOTES, INC.	Transaction ID: 2009M02L21A00515 Date of Disbursement
Mailing Address 157 N. PEPPERELL ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City HOLLIS State NH Zip Code 03049	Amount of Each Disbursement this Period
Purpose of Disbursement TRANSLATION COST	<div>80.96</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) KEYNOTES, INC.	Transaction ID: 2009M02L21A00516 Date of Disbursement
Mailing Address 157 N. PEPPERELL ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City HOLLIS State NH Zip Code 03049	Amount of Each Disbursement this Period
Purpose of Disbursement TRANSLATION COST	<div>81.19</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

213.67

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1111 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 KLEIN, O'NEILL & SINGH, LLP

Mailing Address 43 CORPORATE PARK
 SUITE 204

City IRVINE State CA Zip Code 92606

Purpose of Disbursement
 LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00517

Date of Disbursement

/ /

Amount of Each Disbursement this Period

700.00

B.

Full Name (Last, First, Middle Initial)
 KORTERRA INC

Mailing Address 18882 LAKE DRIVE EAST

City CHANHASSEN State MN Zip Code 55317

Purpose of Disbursement
 VOIDED-ISSUED IN ERROR(YR END2008REPORT)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00518

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-50000.00

C.

Full Name (Last, First, Middle Initial)
 TIMOTHY LAWSON

Mailing Address 496 SOUTH ST

City ROCKPORT State ME Zip Code 04856

Purpose of Disbursement
 AIR FARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00519

Date of Disbursement

/ /

Amount of Each Disbursement this Period

739.50

SUBTOTAL of Disbursements This Page (optional)

-48560.50

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1112 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

EXPEDIA

Mailing Address 10190 COVINGTON CROSS DR

City LAS VEGAS State NV Zip Code 89144

Purpose of Disbursement
AIR FARE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00519M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

739.50

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

JOSHUA LEFFLER

Mailing Address 18 TOPHET RD

City LYNNFIELD State MA Zip Code 01940

Purpose of Disbursement
PER DIEM

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00520

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

210.00

C.

Full Name (Last, First, Middle Initial)

JOSHUA LEFFLER

Mailing Address 18 TOPHET RD

City LYNNFIELD State MA Zip Code 01940

Purpose of Disbursement
PER DIEM

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00521

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

460.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

175.00

175.00

497.35

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1114 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 5620 UNIVERSITY PKWY

City Winston Salem State NC Zip Code 27105

Purpose of Disbursement
AIR FARE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00523M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Amount of Each Disbursement this Period

497.35

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

DEBBIE LEHARDY

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement
AIR FARE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00524

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Amount of Each Disbursement this Period

497.35

C.

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 5620 UNIVERSITY PKWY

City Winston Salem State NC Zip Code 27105

Purpose of Disbursement
AIR FARE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00524M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Amount of Each Disbursement this Period

497.35

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

497.35

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1115 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DEBBIE LEHARDY	Transaction ID: 2009M02L21A00525 Date of Disbursement																				
Mailing Address 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">497.35</td> </tr> </table>	497.35																			
497.35																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: 2009M02L21A00525M Date of Disbursement																				
Mailing Address 5620 UNIVERSITY PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City WINSTON SALEM State NC Zip Code 27105	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">497.35</td> </tr> </table>	497.35																			
497.35																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) DEBBIE LEHARDY	Transaction ID: 2009M02L21A00526 Date of Disbursement																				
Mailing Address 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">497.35</td> </tr> </table>	497.35																			
497.35																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

994.70

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

[MEMO ITEM]

[MEMO ITEM]

A blank grid consisting of 10 columns and 2 rows of squares, intended for drawing a picture.

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1117 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DEBBIE LEHARDY	Transaction ID: 2009M02L21A00528 Date of Disbursement
Mailing Address 2440 N EDGEWOOD ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>35.16</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SAFEWAY, ARLINGTON VA	Transaction ID: 2009M02L21A00528M Date of Disbursement
Mailing Address 3313 LEE HWY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>35.16</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DEBBIE LEHARDY	Transaction ID: 2009M02L21A00529 Date of Disbursement
Mailing Address 2440 N EDGEWOOD ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>46.05</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional)	<div>81.21</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1118 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 CHICK FIL A, ARLINGTON VA

Mailing Address 4238 WILSON BLVD

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00529M
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

46.05

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
 DEBBIE LEHARDY

Mailing Address 2440 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00530
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

C.

Full Name (Last, First, Middle Initial)
 TEN PENH

Mailing Address 1001 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00530M
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1119 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DEBBIE LEHARDY

Mailing Address **2440 N EDGEWOOD ST**

City **ARLINGTON** State **VA** Zip Code **22207**

Purpose of Disbursement
MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00531

Date of Disbursement

/ /

Amount of Each Disbursement this Period

143.34

B.

Full Name (Last, First, Middle Initial)

TORTILLA COAST, WASHINGTON DC

Mailing Address **400 FIRST ST SE**

City **WASHINGTON** State **DC** Zip Code **20016**

Purpose of Disbursement
MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00531M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

143.34

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

DEBBIE LEHARDY

Mailing Address **2440 N EDGEWOOD ST**

City **ARLINGTON** State **VA** Zip Code **22207**

Purpose of Disbursement
MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00532

Date of Disbursement

/ /

Amount of Each Disbursement this Period

344.90

SUBTOTAL of Disbursements This Page (optional)

488.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1120 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) THE CAPITAL GRILLE WASH, DC	Transaction ID: 2009M02L21A00532M Date of Disbursement																				
Mailing Address 601 PENNSYLVANIA AVE NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City WASHINGTON State DC Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>344.90</td> </tr> </table>	344.90																			
344.90																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) DEBBIE LEHARDY	Transaction ID: 2009M02L21A00533 Date of Disbursement																				
Mailing Address 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td>5.00</td> </tr> </table>	5.00																			
5.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) DEBBIE LEHARDY	Transaction ID: 2009M02L21A00534 Date of Disbursement																				
Mailing Address 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period																				
Purpose of Disbursement TAXI	<table border="1"> <tr> <td>27.75</td> </tr> </table>	27.75																			
27.75																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

32.75

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1122 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) LEXIS NEXIS	Transaction ID: 2009M02L21A00537 Date of Disbursement
Mailing Address PO BOX 7247-7090	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19170	Amount of Each Disbursement this Period
Purpose of Disbursement ONLINE CHARGES	<div>22.30</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) LEXIS NEXIS	Transaction ID: 2009M02L21A00538 Date of Disbursement
Mailing Address PO BOX 7247-7090	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19170	Amount of Each Disbursement this Period
Purpose of Disbursement ONLINE CHARGES	<div>29.87</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) LEXIS NEXIS	Transaction ID: 2009M02L21A00539 Date of Disbursement
Mailing Address PO BOX 7247-7090	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19170	Amount of Each Disbursement this Period
Purpose of Disbursement ONLINE CHARGES	<div>423.28</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

475.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) LR. PARIS, LLC	Transaction ID: 2009M02L21A00540 Date of Disbursement
Mailing Address 1250 CONNECTICUT AVE NW SUITE 200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement OFFICE SUPPLIES	<div>26820.05</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ANTHONY MAALOUF	Transaction ID: 2009M02L21A00541 Date of Disbursement
Mailing Address 145 D ST SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement FUEL	<div>37.33</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) ANTHONY MAALOUF	Transaction ID: 2009M02L21A00542 Date of Disbursement
Mailing Address 145 D ST SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>529.81</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

27387.19

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1126 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) STARBUCKS, WILMINGTON DE	Transaction ID: 2009M02L21A00545M Date of Disbursement																				
Mailing Address 1737 MARSH RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WILMINGTON State DE Zip Code 19810	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">16.05</td> </tr> </table>	16.05																			
16.05																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) ANTHONY MAALOUF	Transaction ID: 2009M02L21A00546 Date of Disbursement																				
Mailing Address 145 D ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">22.64</td> </tr> </table>	22.64																			
22.64																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) APPLEBEES, WILMINGTON DE	Transaction ID: 2009M02L21A00546M Date of Disbursement																				
Mailing Address 1600 ROCKY RUN PARKWAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WILMINGTON State DE Zip Code 19803	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">22.64</td> </tr> </table>	22.64																			
22.64																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

22.64

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1127 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) ANTHONY MAALOUF	Transaction ID: 2009M02L21A00547 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9
Mailing Address 145 D ST SE		
City WASHINGTON State DC Zip Code 20003		Amount of Each Disbursement this Period 25.00
Purpose of Disbursement MEALS Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B.	Full Name (Last, First, Middle Initial) HUNAN CHINESE, WILMINGTON DE	Transaction ID: 2009M02L21A00547M Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9
Mailing Address 8 BRANMAR PLAZA		
City WILMINGTON State DE Zip Code 19810		Amount of Each Disbursement this Period 25.00
Purpose of Disbursement MEALS Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) ANTHONY MAALOUF	Transaction ID: 2009M02L21A00548 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9
Mailing Address 145 D ST SE		
City WASHINGTON State DC Zip Code 20003		Amount of Each Disbursement this Period 30.75
Purpose of Disbursement MEALS Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		55.75
TOTAL This Period (last page this line number only)		

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1128 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

BREW HAHHA!

Mailing Address 1812 MARSH RD

City
WILMINGTONState
DEZip Code
19807Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00548M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

30.75

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

TORY MAGUIRE

Mailing Address 620 9TH ST SW

City
WASHINGTONState
DCZip Code
20024Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00549

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

159.59

C.

Full Name (Last, First, Middle Initial)

COSI, WASHINGTON DC

Mailing Address 301 PENNSYLVANIA AVE SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00549M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

159.59

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

159.59

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TORY MAGUIRE	Transaction ID: 2009M02L21A00550 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 15 / 2009</div> </div>	
Mailing Address 620 9TH ST SW	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">12.00</div>	
<div>City WASHINGTON</div> <div>State DC</div> <div>Zip Code 20024</div>		
<div style="flex: 1;"> Purpose of Disbursement PARKING </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;"> Category/ Type </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		
B. Full Name (Last, First, Middle Initial) TORY MAGUIRE		Transaction ID: 2009M02L21A00551 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 15 / 2009</div> </div>
Mailing Address 620 9TH ST SW		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">36.00</div>
<div>City WASHINGTON</div> <div>State DC</div> <div>Zip Code 20024</div>		
<div style="flex: 1;"> Purpose of Disbursement PARKING </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;"> Category/ Type </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		
C. Full Name (Last, First, Middle Initial) BOULDER MARRIOTT		Transaction ID: 2009M02L21A00552 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 15 / 2009</div> </div>
Mailing Address C/O CAROL ANN BOWMAN 1000 EAST 80TH PLACE, SUITE 700 NO		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">2538.83</div>
<div>City MERRILLVILLE</div> <div>State IN</div> <div>Zip Code 46410</div>		
<div style="flex: 1;"> Purpose of Disbursement LODGING </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;"> Category/ Type </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

2586.83

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1130 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
 COURTYARD MARRIOTT LINCROFT

Mailing Address 245 HALF MILE RD

City State Zip Code
 RED BANK NJ 07701

Purpose of Disbursement
 LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00553

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5144.00

B. Full Name (Last, First, Middle Initial)
 KITTY MARCUCCI

Mailing Address 2623 13TH ST NW

City State Zip Code
 WASHINGTON DC 20009

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00554

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.80

C. Full Name (Last, First, Middle Initial)
 CONGRESSIONAL LIQUORS

Mailing Address 404 1ST ST SE

City State Zip Code
 WASHINGTON DC 20009

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00554M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.80

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

5167.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1131 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) KITTY MARCUCCI	Transaction ID: 2009M02L21A00555 Date of Disbursement																				
Mailing Address 2623 13TH ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>249.39</td> </tr> </table>	249.39																			
249.39																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) DOMINO'S, WASHINGTON DC	Transaction ID: 2009M02L21A00555M Date of Disbursement																				
Mailing Address 1200 S CAPITOL ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>249.39</td> </tr> </table>	249.39																			
249.39																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) KITTY MARCUCCI	Transaction ID: 2009M02L21A00556 Date of Disbursement																				
Mailing Address 2623 13TH ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>383.95</td> </tr> </table>	383.95																			
383.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

633.34

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CHICK FIL A, ARLINGTON VA

Mailing Address
4238 WILSON BLVD

City
ARLINGTON

State
VA

Zip Code
22203

Purpose of Disbursement
MEALS

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Category/
Type

Transaction ID: 2009M02L21A00556M

Date of Disbursement

M

M

/

D

D

/

Y

Y

Y

Y

01 / 22 / 2009

Amount of Each Disbursement this Period
383.95

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
MARIETTA COLLEGE

Mailing Address
MARIETTA CONFERENCE SERVICES
215 5TH STREET, BOX A-12

City
MARIETTA

State
OH

Zip Code
45750

Purpose of Disbursement
VOID ISSUED IN ERROR

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Category/
Type

Transaction ID: 2009M02L21A00557

Date of Disbursement

M

M

/

D

D

/

Y

Y

Y

Y

01 / 13 / 2009

Amount of Each Disbursement this Period
-2742.70

C.

Full Name (Last, First, Middle Initial)
MATY DIRECT LLC

Mailing Address
1120 MCKENZIE ROAD

City
LAKE HELEN

State
FL

Zip Code
32744

Purpose of Disbursement
PRINTING COST

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Category/
Type

Transaction ID: 2009M02L21A00558

Date of Disbursement

M

M

/

D

D

/

Y

Y

Y

Y

01 / 29 / 2009

Amount of Each Disbursement this Period
4000.50

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MATY DIRECT LLC	Transaction ID: 2009M02L21A00559 Date of Disbursement
Mailing Address 1120 MCKENZIE ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City LAKE HELEN State FL Zip Code 32744	Amount of Each Disbursement this Period
Purpose of Disbursement PRINTING COST	<div>45735.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) M BROWN CREATIVE	Transaction ID: 2009M02L21A00560 Date of Disbursement
Mailing Address 2707 BRYAN PLACE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22302	Amount of Each Disbursement this Period
Purpose of Disbursement GRAPHIC SERVICES	<div>250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) M BROWN CREATIVE	Transaction ID: 2009M02L21A00561 Date of Disbursement
Mailing Address 2707 BRYAN PLACE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22302	Amount of Each Disbursement this Period
Purpose of Disbursement GRAPHIC SERVICES	<div>250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

46235.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1134 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) M BROWN CREATIVE	Transaction ID: 2009M02L21A00562 Date of Disbursement																				
Mailing Address 2707 BRYAN PLACE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22302	Amount of Each Disbursement this Period																				
Purpose of Disbursement GRAPHIC SERVICES Candidate Name	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JAY MCCLESKEY	Transaction ID: 2009M02L21A00563 Date of Disbursement																				
Mailing Address 5905 MIMOSA PL NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ALBUQUERQUE State NM Zip Code 87111	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">524.70</td> </tr> </table>	524.70																			
524.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) EXPEDIA	Transaction ID: 2009M02L21A00563M Date of Disbursement																				
Mailing Address 10190 COVINGTON CROSS DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LAS VEGAS State NV Zip Code 89144	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">524.70</td> </tr> </table>	524.70																			
524.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)

774.70

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1136 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
THE HERTZ CORPORATIONMailing Address COMMERCIAL BILLING DEPT 1124
PO BOX 121124

City DALLAS State TX Zip Code 75312

Purpose of Disbursement
CAR RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼Transaction ID: 2009M02L21A00565M
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

131.48

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
JAY MCCLESKEY

Mailing Address 5905 MIMOSA PL NE

City ALBUQUERQUE State NM Zip Code 87111

Purpose of Disbursement
DELIVERY COST

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼Transaction ID: 2009M02L21A00566
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

92.07

C.

Full Name (Last, First, Middle Initial)
THE UPS STORE, ALBUQUERQUE NM

Mailing Address 6201 GOLF COURSE RD NW D-3

City ALBUQUERQUE State NM Zip Code 87120

Purpose of Disbursement
DELIVERY COST

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼Transaction ID: 2009M02L21A00566M
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

92.07

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

92.07

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1138 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial)
EMBASSY SUITES HOTEL AUSTIN TX

Mailing Address 300 S CONGRESS

City AUSTIN State TX Zip Code 78704

Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00568M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

217.35

[MEMO ITEM]**B.** Full Name (Last, First, Middle Initial)
JAY MCCLESKEY

Mailing Address 5905 MIMOSA PL NE

City ALBUQUERQUE State NM Zip Code 87111

Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00569

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

316.96

C. Full Name (Last, First, Middle Initial)
EMBASSY SUITES HOTEL, PHOENIX

Mailing Address 2630 EAST CAMELBACK ROAD

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00569M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

316.96

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

316.96

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1140 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 TORTILLA FLATS, EL PASO TX

Mailing Address 6701 CONVAIR RD

City EL PASO State TX Zip Code 79925

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00571M
 Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

6.82

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
 JAY MCCLESKEY

Mailing Address 5905 MIMOSA PL NE

City ALBUQUERQUE State NM Zip Code 87111

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00572
 Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

13.08

C.

Full Name (Last, First, Middle Initial)
 DEEMO'S AMERICAN GRILL PHOENIX

Mailing Address 2501 E CAMELBACK RD 30

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00572M
 Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

13.08

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

13.08

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1141 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

JAY MCCLESKEY

Mailing Address 5905 MIMOSA PL NE

City ALBUQUERQUE State NM Zip Code 87111

Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00573

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

13.79

B.

Full Name (Last, First, Middle Initial)

MESA VERDE DIA, DENVER CO

Mailing Address 8700 PENA BLVD

City DENVER State CO Zip Code 80202

Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00573M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

13.79

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

JAY MCCLESKEY

Mailing Address 5905 MIMOSA PL NE

City ALBUQUERQUE State NM Zip Code 87111

Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00574

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

23.46

SUBTOTAL of Disbursements This Page (optional)

37.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1142 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) PERENNIALS, ALBUERQUE NM	Transaction ID: 2009M02L21A00574M Date of Disbursement																				
Mailing Address 6001 SAN MATEO NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City SAN MATEO State NM Zip Code 87106	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">23.46</td> </tr> </table>	23.46																			
23.46																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) JAY MCCLESKEY	Transaction ID: 2009M02L21A00575 Date of Disbursement																				
Mailing Address 5905 MIMOSA PL NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALBUQUERQUE State NM Zip Code 87111	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">29.36</td> </tr> </table>	29.36																			
29.36																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) TEE PEE MEXICAN FOOD INC., AZ	Transaction ID: 2009M02L21A00575M Date of Disbursement																				
Mailing Address 4144 ME INDIAN SCHOOL ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PHOENIX State AZ Zip Code 85018	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">29.36</td> </tr> </table>	29.36																			
29.36																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

SUBTOTAL of Disbursements This Page (optional)

29.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1143 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAY MCCLESKEY

Mailing Address 5905 MIMOSA PL NE

City ALBUQUERQUE State NM Zip Code 87111

Purpose of Disbursement
 MEALS

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00576

Date of Disbursement

M M / D D / Y Y Y Y
 01 / 15 / 2009

Amount of Each Disbursement this Period

44.45

B.

Full Name (Last, First, Middle Initial)

KATZ'S DELI

Mailing Address 2200 SUNPORT BLVD SE

City ALBBUERQUE State NM Zip Code 87106

Purpose of Disbursement
 MEALS

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00576M

Date of Disbursement

M M / D D / Y Y Y Y
 01 / 15 / 2009

Amount of Each Disbursement this Period

44.45

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

JAY MCCLESKEY

Mailing Address 5905 MIMOSA PL NE

City ALBUQUERQUE State NM Zip Code 87111

Purpose of Disbursement
 MEALS

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00577

Date of Disbursement

M M / D D / Y Y Y Y
 01 / 15 / 2009

Amount of Each Disbursement this Period

65.30

SUBTOTAL of Disbursements This Page (optional)

109.75

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1145 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JAY MCCLESKEY	Transaction ID: 2009M02L21A00580 Date of Disbursement																				
Mailing Address 5905 MIMOSA PL NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALBUQUERQUE State NM Zip Code 87111	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>28.34</td> </tr> </table>	28.34																			
28.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) FEDEX KINKOS, ALBUQUERQUE NM	Transaction ID: 2009M02L21A00580M Date of Disbursement																				
Mailing Address 6220 SAN MATEO NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALBUQUEERQUE State NM Zip Code 87109	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>28.34</td> </tr> </table>	28.34																			
28.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JAY MCCLESKEY	Transaction ID: 2009M02L21A00581 Date of Disbursement																				
Mailing Address 5905 MIMOSA PL NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALBUQUERQUE State NM Zip Code 87111	Amount of Each Disbursement this Period																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td>18.00</td> </tr> </table>	18.00																			
18.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

46.34

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1146 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

JAY MCCLESKEY

Mailing Address 5905 MIMOSA PL NE

City ALBUQUERQUE State NM Zip Code 87111

Purpose of Disbursement
PARKING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00582

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

97.00

B.

Full Name (Last, First, Middle Initial)

JAY MCCLESKEY

Mailing Address 5905 MIMOSA PL NE

City ALBUQUERQUE State NM Zip Code 87111

Purpose of Disbursement
TAXI

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00583

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

14.00

C.

Full Name (Last, First, Middle Initial)

JAY MCCLESKEY

Mailing Address 5905 MIMOSA PL NE

City ALBUQUERQUE State NM Zip Code 87111

Purpose of Disbursement
TAXI

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00584

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

63.00

SUBTOTAL of Disbursements This Page (optional)

174.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1147 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JAY MCCLESKEY	Transaction ID: 2009M02L21A00585 Date of Disbursement
Mailing Address 5905 MIMOSA PL NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ALBUQUERQUE State NM Zip Code 87111	Amount of Each Disbursement this Period
Purpose of Disbursement TIPS	<div>18.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MCGLADREY & PULLEN, LLP	Transaction ID: 2009M02L21A00586 Date of Disbursement
Mailing Address CERTIFIED PUBLIC ACCOUNTANTS 8000 TOWERS CRESCENT DRIVE STE 500	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City VIENNA State VA Zip Code 22182-6205	Amount of Each Disbursement this Period
Purpose of Disbursement AUDIT SERVICES	<div>20000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CHRIS MCNULTY	Transaction ID: 2009M02L21A00587 Date of Disbursement
Mailing Address 290 ZIMPFER STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City COLUMBUS State OH Zip Code 43206	Amount of Each Disbursement this Period
Purpose of Disbursement CAR RENTAL	<div>245.65</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

20263.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AVIS RENT A CAR SYSTEM, INC.	Transaction ID: 2009M02L21A00587M Date of Disbursement
Mailing Address 7876 COLLECTIONS CENTER DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period
Purpose of Disbursement CAR RENTAL	<div>245.65</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) CHRIS MCNULTY	Transaction ID: 2009M02L21A00588 Date of Disbursement
Mailing Address 290 ZIMPFER STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City COLUMBUS State OH Zip Code 43206	Amount of Each Disbursement this Period
Purpose of Disbursement CAR RENTAL	<div>311.87</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
C. Full Name (Last, First, Middle Initial) AVIS RENT A CAR SYSTEM, INC.	Transaction ID: 2009M02L21A00588M Date of Disbursement
Mailing Address 7876 COLLECTIONS CENTER DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period
Purpose of Disbursement CAR RENTAL	<div>311.87</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

311.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1149 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CHRIS MCNULTY	Transaction ID: 2009M02L21A00589 Date of Disbursement
Mailing Address 290 ZIMPFER STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City COLUMBUS State OH Zip Code 43206	Amount of Each Disbursement this Period
Purpose of Disbursement CAR RENTAL	<div>395.07</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) AVIS RENT A CAR SYSTEM, INC.	Transaction ID: 2009M02L21A00589M Date of Disbursement
Mailing Address 7876 COLLECTIONS CENTER DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period
Purpose of Disbursement CAR RENTAL	<div>395.07</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CHRIS MCNULTY	Transaction ID: 2009M02L21A00590 Date of Disbursement
Mailing Address 290 ZIMPFER STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City COLUMBUS State OH Zip Code 43206	Amount of Each Disbursement this Period
Purpose of Disbursement FUEL	<div>21.49</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

416.56

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1150 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CHRIS MCNULTY	Transaction ID: 2009M02L21A00591 Date of Disbursement																				
Mailing Address 290 ZIMPFER STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City COLUMBUS State OH Zip Code 43206	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>146.31</td> </tr> </table>	146.31																			
146.31																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) COURTYARD BOWLING GREEN	Transaction ID: 2009M02L21A00591M Date of Disbursement																				
Mailing Address CONVENTION CENTER 1010 WILKINSON TRACE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City BOWLING GREEN State KY Zip Code 42104	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>146.31</td> </tr> </table>	146.31																			
146.31																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CHRIS MCNULTY	Transaction ID: 2009M02L21A00592 Date of Disbursement																				
Mailing Address 290 ZIMPFER STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City COLUMBUS State OH Zip Code 43206	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>186.75</td> </tr> </table>	186.75																			
186.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

333.06

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
NASHVILLE AIRPORT MARRIOTT

Mailing Address 600 MARRIOTT DR

City NASHVILLE State TN Zip Code 37214

Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00592M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

186.75

[MEMO ITEM]**B.**Full Name (Last, First, Middle Initial)
CHRIS MCNULTY

Mailing Address 290 ZIMPFER STREET

City COLUMBUS State OH Zip Code 43206

Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00593

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

194.27

C.Full Name (Last, First, Middle Initial)
COURTYARD BOWLING GREENMailing Address CONVENTION CENTER
1010 WILKINSON TRACE

City BOWLING GREEN State KY Zip Code 42104

Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00593M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

194.27

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

194.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1152 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CHRIS MCNULTY	Transaction ID: 2009M02L21A00594 Date of Disbursement
Mailing Address 290 ZIMPFER STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City COLUMBUS State OH Zip Code 43206	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>201.46</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MARRIOTT MILWAUKEE WEST	Transaction ID: 2009M02L21A00594M Date of Disbursement
Mailing Address W231 N N1600 CORPORATE COURT	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City WAUKESHA State WI Zip Code 53186	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>201.46</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CHRIS MCNULTY	Transaction ID: 2009M02L21A00595 Date of Disbursement
Mailing Address 290 ZIMPFER STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City COLUMBUS State OH Zip Code 43206	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>4.01</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

205.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) E SNACK BAR	Transaction ID: 2009M02L21A00595M Date of Disbursement
Mailing Address GENERAL MITCHELL AIRPORT 5300 S. HOWELL AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City MILWAUKEE State WI Zip Code 53207	Amount of Each Disbursement this Period <div>4.01</div>
Purpose of Disbursement MEALS	<div></div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<div>[MEMO ITEM]</div>	
B. Full Name (Last, First, Middle Initial) CHRIS MCNULTY	Transaction ID: 2009M02L21A00596 Date of Disbursement
Mailing Address 290 ZIMPFER STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City COLUMBUS State OH Zip Code 43206	Amount of Each Disbursement this Period <div>5.81</div>
Purpose of Disbursement MEALS	<div></div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<div>[MEMO ITEM]</div>	
C. Full Name (Last, First, Middle Initial) KENTUCKY FRIED CHICKEN-KY	Transaction ID: 2009M02L21A00596M Date of Disbursement
Mailing Address 1907 PLAUDIT PLACE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City LEXINGTON State KY Zip Code 40509	Amount of Each Disbursement this Period <div>5.81</div>
Purpose of Disbursement MEALS	<div></div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1154 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CHRIS MCNULTY	Transaction ID: 2009M02L21A00597 Date of Disbursement																				
Mailing Address 290 ZIMPFER STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City COLUMBUS State OH Zip Code 43206 Purpose of Disbursement MEALS Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7.90</td> </tr> </table>	7.90																			
7.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ROOKWOOD PAVILION	Transaction ID: 2009M02L21A00597M Date of Disbursement																				
Mailing Address 2692 MADISON RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City CINCINNATI State OH Zip Code 45209 Purpose of Disbursement MEALS Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7.90</td> </tr> </table>	7.90																			
7.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CHRIS MCNULTY	Transaction ID: 2009M02L21A00598 Date of Disbursement																				
Mailing Address 290 ZIMPFER STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City COLUMBUS State OH Zip Code 43206 Purpose of Disbursement MEALS Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>8.06</td> </tr> </table>	8.06																			
8.06																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

15.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NOSHVILLE DELI AB2 TO GO	Transaction ID: 2009M02L21A00598M Date of Disbursement
Mailing Address NASHVILLE INT'L AIRPORT 1 TERMINAL DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City NASHVILLE State TN Zip Code 37214	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div> <div></div> <div>8.06</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) CHRIS MCNULTY	Transaction ID: 2009M02L21A00599 Date of Disbursement
Mailing Address 290 ZIMPFER STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City COLUMBUS State OH Zip Code 43206	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div> <div></div> <div>10.06</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) LOVE'S COUNTRY STORES	Transaction ID: 2009M02L21A00599M Date of Disbursement
Mailing Address 976 KENTUCKY HWY 1039	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City SANDERS State KY Zip Code 41083	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div> <div></div> <div>10.06</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

10.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1156 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) CHRIS MCNULTY Mailing Address 290 ZIMPFER STREET	Transaction ID: 2009M02L21A00600 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City COLUMBUS State OH Zip Code 43206 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>17.05</div>
B. Full Name (Last, First, Middle Initial) HARTSFIELD HOSPITALITY- Mailing Address FRESHENS-B 6000 N. TERMINAL PKWY City ATLANTA State GA Zip Code 30320 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00600M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>17.05</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) CHRIS MCNULTY Mailing Address 290 ZIMPFER STREET City COLUMBUS State OH Zip Code 43206 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00601 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>17.99</div>

SUBTOTAL of Disbursements This Page (optional) ►

35.04

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1157 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

LA CHATELAIN

Mailing Address 1550 W. LANE AVE

City COLUMBUS State OH Zip Code 43221

Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00601M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

17.99

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

CHRIS MCNULTY

Mailing Address 290 ZIMPFER STREET

City COLUMBUS State OH Zip Code 43206

Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00602

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

39.03

C.

Full Name (Last, First, Middle Initial)

PARADISE BAKERY & CAFE

Mailing Address 111 MONUMENT CTR.

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00602M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

39.03

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

39.03

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1158 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
CHRIS MCNULTY

Mailing Address 290 ZIMPFER STREET

City COLUMBUS State OH Zip Code 43206

Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00603
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

69.11

B.Full Name (Last, First, Middle Initial)
MONTANA GRILL

Mailing Address 1010 WILKINSON TRACE

City BOWLING GREEN State KY Zip Code 42104

Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00603M
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

69.11

[MEMO ITEM]**C.**Full Name (Last, First, Middle Initial)
CHRIS MCNULTY

Mailing Address 290 ZIMPFER STREET

City COLUMBUS State OH Zip Code 43206

Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00604
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

377.02

SUBTOTAL of Disbursements This Page (optional)

446.13

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1160 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement
 TELEMARKETING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00607

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement
 TELEMARKETING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00608

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

C.

Full Name (Last, First, Middle Initial)
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement
 TELEMARKETING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00609

Date of Disbursement

/ /

Amount of Each Disbursement this Period

95.00

SUBTOTAL of Disbursements This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1161 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MDS COMMUNICATIONS CORPORATION

Mailing Address **PO BOX 16006**

City **PHOENIX** State **AZ** Zip Code **85011**

Purpose of Disbursement
TELEMARKETING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00610

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

B. Full Name (Last, First, Middle Initial)
MDS COMMUNICATIONS CORPORATION

Mailing Address **PO BOX 16006**

City **PHOENIX** State **AZ** Zip Code **85011**

Purpose of Disbursement
TELEMARKETING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00611

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1124.00

C. Full Name (Last, First, Middle Initial)
MDS COMMUNICATIONS CORPORATION

Mailing Address **PO BOX 16006**

City **PHOENIX** State **AZ** Zip Code **85011**

Purpose of Disbursement
TELEMARKETING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00612

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1242.00

SUBTOTAL of Disbursements This Page (optional)

2606.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1162 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	Transaction ID: 2009M02L21A00613 Date of Disbursement																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td colspan="10">1613.85</td> </tr> </table>	1613.85																			
1613.85																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	Transaction ID: 2009M02L21A00614 Date of Disbursement																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td colspan="10">6864.00</td> </tr> </table>	6864.00																			
6864.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	Transaction ID: 2009M02L21A00615 Date of Disbursement																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td colspan="10">8858.95</td> </tr> </table>	8858.95																			
8858.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

17336.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	Transaction ID: 2009M02L21A00616 Date of Disbursement																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>18992.55</td> </tr> </table>	18992.55																			
18992.55																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	Transaction ID: 2009M02L21A00617 Date of Disbursement																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>27149.25</td> </tr> </table>	27149.25																			
27149.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MDS COMMUNICATIONS CORPORATION	Transaction ID: 2009M02L21A00618 Date of Disbursement																				
Mailing Address PO BOX 16006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PHOENIX State AZ Zip Code 85011	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>31315.05</td> </tr> </table>	31315.05																			
31315.05																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

77456.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1164 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MICRO AGE	Transaction ID: 2009M02L21A00619 Date of Disbursement																				
Mailing Address PO BOX 2941	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City PHOENIX State AZ Zip Code 85062	Amount of Each Disbursement this Period																				
Purpose of Disbursement COMPUTER EQUIPMENT	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>124.79</td> </tr> </table>																				124.79
									124.79												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MICRO AGE	Transaction ID: 2009M02L21A00620 Date of Disbursement																				
Mailing Address PO BOX 2941	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City PHOENIX State AZ Zip Code 85062	Amount of Each Disbursement this Period																				
Purpose of Disbursement COMPUTER EQUIPMENT	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1953.20</td> </tr> </table>																				1953.20
									1953.20												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MICRO AGE	Transaction ID: 2009M02L21A00621 Date of Disbursement																				
Mailing Address PO BOX 2941	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City PHOENIX State AZ Zip Code 85062	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>29.52</td> </tr> </table>																				29.52
									29.52												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2107.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MICRO AGE	Transaction ID: 2009M02L21A00622 Date of Disbursement																				
Mailing Address PO BOX 2941	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	9													
City PHOENIX State AZ Zip Code 85062	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">66.75</td> </tr> </table>	66.75																			
66.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MICRO AGE	Transaction ID: 2009M02L21A00623 Date of Disbursement																				
Mailing Address PO BOX 2941	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	9													
City PHOENIX State AZ Zip Code 85062	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">369.67</td> </tr> </table>	369.67																			
369.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MICRO AGE	Transaction ID: 2009M02L21A00624 Date of Disbursement																				
Mailing Address PO BOX 2941	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	9													
City PHOENIX State AZ Zip Code 85062	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">379.89</td> </tr> </table>	379.89																			
379.89																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

816.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TIMOTHY J. MORGAN	Transaction ID: 2009M02L21A00625 Date of Disbursement
Mailing Address 121 JEWELL ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City SANTA CRUZ State CA Zip Code 95060	Amount of Each Disbursement this Period
Purpose of Disbursement AIR FARE	<div>510.01</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) NELSON TRAVEL	Transaction ID: 2009M02L21A00625M Date of Disbursement
Mailing Address 12502 RIVERSIDE DR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City VALLEY VILLAGE State CA Zip Code 91607	Amount of Each Disbursement this Period
Purpose of Disbursement AIR FARE	<div>510.01</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) TIMOTHY J. MORGAN	Transaction ID: 2009M02L21A00626 Date of Disbursement
Mailing Address 121 JEWELL ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City SANTA CRUZ State CA Zip Code 95060	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>234.73</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

744.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1167 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
 UNIVERSITY CLUB OF WASHINGTON

Mailing Address 1135 16TH ST NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
 LODGING

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00626M
 Date of Disbursement

M M / D D / Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

234.73

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
 TIMOTHY J. MORGAN

Mailing Address 121 JEWELL ST

City SANTA CRUZ State CA Zip Code 95060

Purpose of Disbursement
 LODGING

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00627
 Date of Disbursement

M M / D D / Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

704.19

C. Full Name (Last, First, Middle Initial)
 UNIVERSITY CLUB OF WASHINGTON

Mailing Address 1135 16TH ST NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
 LODGING

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00627M
 Date of Disbursement

M M / D D / Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

704.19

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

704.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1168 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TIMOTHY J. MORGAN	Transaction ID: 2009M02L21A00628 Date of Disbursement
Mailing Address 121 JEWELL ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City SANTA CRUZ State CA Zip Code 95060	Amount of Each Disbursement this Period <div>16.23</div>
Purpose of Disbursement MEALS Candidate Name <div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	Transaction ID: 2009M02L21A00628M Date of Disbursement
Mailing Address 300 FIRST STREET, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period <div>16.23</div>
Purpose of Disbursement MEALS Candidate Name <div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) TIMOTHY J. MORGAN	Transaction ID: 2009M02L21A00629 Date of Disbursement
Mailing Address 121 JEWELL ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City SANTA CRUZ State CA Zip Code 95060	Amount of Each Disbursement this Period <div>20.28</div>
Purpose of Disbursement MEALS Candidate Name <div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

36.51

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1170 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TIMOTHY J. MORGAN

Mailing Address 121 JEWELL ST

City
SANTA CRUZState
CAZip Code
95060Purpose of Disbursement
PARKING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00631

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

150.00

B.

Full Name (Last, First, Middle Initial)

TIMOTHY J. MORGAN

Mailing Address 121 JEWELL ST

City
SANTA CRUZState
CAZip Code
95060Purpose of Disbursement
TAXI

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00632

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

26.00

C.

Full Name (Last, First, Middle Initial)

TIMOTHY J. MORGAN

Mailing Address 121 JEWELL ST

City
SANTA CRUZState
CAZip Code
95060Purpose of Disbursement
TIPS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00633

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

4.00

SUBTOTAL of Disbursements This Page (optional)

180.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1172 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NATIONAL CAR RENTAL	Transaction ID: 2009M02L21A00637 Date of Disbursement																				
Mailing Address P O BOX 402334	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ATLANTA State GA Zip Code 30384	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>2</td><td>1</td><td>3</td><td>.</td><td>1</td><td>2</td> </tr> </table>	2	1	3	.	1	2														
2	1	3	.	1	2																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) NATIONAL CAR RENTAL	Transaction ID: 2009M02L21A00638 Date of Disbursement																				
Mailing Address P O BOX 402334	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ATLANTA State GA Zip Code 30384	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>2</td><td>3</td><td>8</td><td>.</td><td>4</td><td>1</td> </tr> </table>	2	3	8	.	4	1														
2	3	8	.	4	1																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) NATIONAL CAR RENTAL	Transaction ID: 2009M02L21A00639 Date of Disbursement																				
Mailing Address P O BOX 402334	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ATLANTA State GA Zip Code 30384	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>2</td><td>6</td><td>0</td><td>.</td><td>5</td><td>2</td> </tr> </table>	2	6	0	.	5	2														
2	6	0	.	5	2																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

712.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NATIONAL CAR RENTAL	Transaction ID: 2009M02L21A00640 Date of Disbursement																				
Mailing Address P O BOX 402334	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ATLANTA State GA Zip Code 30384	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>3</td><td>2</td><td>8</td><td>.</td><td>7</td><td>5</td> </tr> </table>	3	2	8	.	7	5														
3	2	8	.	7	5																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) NATIONAL CAR RENTAL	Transaction ID: 2009M02L21A00641 Date of Disbursement																				
Mailing Address P O BOX 402334	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ATLANTA State GA Zip Code 30384	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>3</td><td>5</td><td>9</td><td>.</td><td>0</td><td>7</td> </tr> </table>	3	5	9	.	0	7														
3	5	9	.	0	7																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) NATIONAL CAR RENTAL	Transaction ID: 2009M02L21A00642 Date of Disbursement																				
Mailing Address P O BOX 402334	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ATLANTA State GA Zip Code 30384	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>3</td><td>9</td><td>9</td><td>.</td><td>1</td><td>6</td> </tr> </table>	3	9	9	.	1	6														
3	9	9	.	1	6																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1086.98

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1175 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NATIONAL CAR RENTAL	Transaction ID: 2009M02L21A00646 Date of Disbursement																				
Mailing Address P O BOX 402334	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ATLANTA State GA Zip Code 30384	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td colspan="10">1006.52</td> </tr> </table>	1006.52																			
1006.52																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) NATIONAL CAR RENTAL	Transaction ID: 2009M02L21A00647 Date of Disbursement																				
Mailing Address P O BOX 402334	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ATLANTA State GA Zip Code 30384	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td colspan="10">1127.06</td> </tr> </table>	1127.06																			
1127.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) NATIONAL CAR RENTAL	Transaction ID: 2009M02L21A00648 Date of Disbursement																				
Mailing Address P O BOX 402334	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ATLANTA State GA Zip Code 30384	Amount of Each Disbursement this Period																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td colspan="10">1317.10</td> </tr> </table>	1317.10																			
1317.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3450.68

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1176 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NATIONAL CAR RENTAL Mailing Address P O BOX 402334	Transaction ID: 2009M02L21A00649 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ATLANTA State GA Zip Code 30384 Purpose of Disbursement CAR RENTAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1328.97</div>
B. Full Name (Last, First, Middle Initial) NATIONAL CAR RENTAL Mailing Address P O BOX 402334 City ATLANTA State GA Zip Code 30384 Purpose of Disbursement CAR RENTAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00650 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1729.10</div>
C. Full Name (Last, First, Middle Initial) NATIONAL CAR RENTAL Mailing Address P O BOX 402334 City ATLANTA State GA Zip Code 30384 Purpose of Disbursement CAR RENTAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00651 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2031.83</div>

SUBTOTAL of Disbursements This Page (optional)

5089.90

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1177 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NATIONAL CAPITAL TELESERVICES Mailing Address LLC 300 FIFTH STREET, NE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement TELEMARKETING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 2009M02L21A00652 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9	1500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		1	5		2	0	0	9														
1500.00																							
B. Full Name (Last, First, Middle Initial) NATIONAL CAPITAL TELESERVICES Mailing Address LLC 300 FIFTH STREET, NE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement TELEMARKETING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 2009M02L21A00653 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>5320.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9	5320.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		2	9		2	0	0	9														
5320.00																							
C. Full Name (Last, First, Middle Initial) NATIONAL CAPITAL TELESERVICES Mailing Address LLC 300 FIFTH STREET, NE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement TELEMARKETING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 2009M02L21A00654 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>69605.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9	69605.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		2	9		2	0	0	9														
69605.00																							

SUBTOTAL of Disbursements This Page (optional)

76425.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN NATIONAL COMMITTEE

State: District:

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1179 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NEW MEDIA COMMUNICATIONS,INC	Transaction ID: 2009M02L21A00658 Date of Disbursement																				
Mailing Address SUMMITT OF RICHFIELD II 3046 BRECKSVILLE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City RICHFIELD State OH Zip Code 44286	Amount of Each Disbursement this Period																				
Purpose of Disbursement LICENSE FEE	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) NEW MEDIA COMMUNICATIONS,INC	Transaction ID: 2009M02L21A00659 Date of Disbursement																				
Mailing Address SUMMITT OF RICHFIELD II 3046 BRECKSVILLE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City RICHFIELD State OH Zip Code 44286	Amount of Each Disbursement this Period																				
Purpose of Disbursement WEBSITE DEVELOPMENT	<table border="1"> <tr> <td colspan="10">39737.82</td> </tr> </table>	39737.82																			
39737.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CONNIE NICHOLAS	Transaction ID: 2009M02L21A00660 Date of Disbursement																				
Mailing Address 214 14TH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City CANDO State ND Zip Code 58324	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">492.58</td> </tr> </table>	492.58																			
492.58																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

41230.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) HYATT REGENCY, WASHINGTON DC	Transaction ID: 2009M02L21A00660M Date of Disbursement
Mailing Address 400 NEW JERSEY AVENUE NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>492.58</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) OLSEN & SHUVALOV	Transaction ID: 2009M02L21A00661 Date of Disbursement
Mailing Address 1609 SHOAL CREEK BLVD SUITE 203	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City AUSTIN State TX Zip Code 78701	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>998.43</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) THE WALDORF ASTORIA	Transaction ID: 2009M02L21A00661M Date of Disbursement
Mailing Address 2400 E. MISSOURI AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City PHOENIX State AZ Zip Code 85016	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>998.43</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

998.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) OLSON FOR CONGRESS COMMITTEE	Transaction ID: 2009M02L21A00662 Date of Disbursement
Mailing Address PO BOX 16381	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City SUGAR LAND State TX Zip Code 77496	Amount of Each Disbursement this Period
Purpose of Disbursement EXCESS TRIP FUNDS	<div>23080.73</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) O'MELVENY & MEYERS LLP	Transaction ID: 2009M02L21A00663 Date of Disbursement
Mailing Address 1625 EYE STREET,NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period
Purpose of Disbursement AIR FARE	<div>50861.64</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) ALTOUR TRAVEL	Transaction ID: 2009M02L21A00663M Date of Disbursement
Mailing Address 12100 W OLYMIC BLVD 300	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City LOS ANGELES State CA Zip Code 90064	Amount of Each Disbursement this Period
Purpose of Disbursement AIR FARE	<div>50861.64</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

73942.37

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) O'MELVENY & MEYERS LLP	Transaction ID: 2009M02L21A00664 Date of Disbursement
Mailing Address 1625 EYE STREET,NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period
Purpose of Disbursement CAR RENTAL	<div>1980.95</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) THE HERTZ CORPORATION	Transaction ID: 2009M02L21A00664M Date of Disbursement
Mailing Address COMMERCIAL BILLING DEPT 1124 PO BOX 121124	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City DALLAS State TX Zip Code 75312	Amount of Each Disbursement this Period
Purpose of Disbursement CAR RENTAL	<div>1980.95</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) O'MELVENY & MEYERS LLP	Transaction ID: 2009M02L21A00665 Date of Disbursement
Mailing Address 1625 EYE STREET,NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period
Purpose of Disbursement LEGAL CONSULTING	<div>7479.13</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

9460.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1183 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) O'MELVENY & MEYERS LLP	Transaction ID: 2009M02L21A00666 Date of Disbursement																				
Mailing Address 1625 EYE STREET,NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">2295.00</td> </tr> </table>	2295.00																			
2295.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) THE HOTEL CAPTAIN COOK	Transaction ID: 2009M02L21A00666M Date of Disbursement																				
Mailing Address 4TH AVENUE AT K ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ANCHORAGE State AK Zip Code 99501	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">2295.00</td> </tr> </table>	2295.00																			
2295.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) O'MELVENY & MEYERS LLP	Transaction ID: 2009M02L21A00667 Date of Disbursement																				
Mailing Address 1625 EYE STREET,NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">2965.37</td> </tr> </table>	2965.37																			
2965.37																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5260.37

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SHERATON ANCHORAGE HOTEL	Transaction ID: 2009M02L21A00667M Date of Disbursement																				
Mailing Address 401 EAST 6TH AVENUE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ANCHORAGE State AK Zip Code 99501	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">2965.37</td> </tr> </table>	2965.37																			
2965.37																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) O'MELVENY & MEYERS LLP	Transaction ID: 2009M02L21A00668 Date of Disbursement																				
Mailing Address 1625 EYE STREET,NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
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0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">12143.20</td> </tr> </table>	12143.20																			
12143.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ANCHORAGE MARRIOTT DOWNTOWN	Transaction ID: 2009M02L21A00668M Date of Disbursement																				
Mailing Address 820 W 7TH AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
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City ANCHORAGE State AK Zip Code 99501	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">12143.20</td> </tr> </table>	12143.20																			
12143.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

12143.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) O'MELVENY & MEYERS LLP	Transaction ID: 2009M02L21A00669 Date of Disbursement																				
Mailing Address 1625 EYE STREET,NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>5</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	7	5	8																	
7	5	8																			
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) CIBO MARKET, REAGAN AIRPORT	Transaction ID: 2009M02L21A00669M Date of Disbursement																				
Mailing Address 1 AVATION CIRCLE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>5</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	7	5	8																	
7	5	8																			
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) O'MELVENY & MEYERS LLP	Transaction ID: 2009M02L21A00670 Date of Disbursement																				
Mailing Address 1625 EYE STREET,NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period <table border="1"> <tr> <td>3</td><td>0</td><td>8</td><td>7</td><td>5</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	3	0	8	7	5															
3	0	8	7	5																	
Purpose of Disbursement TAXI Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

316.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 O'MELVENY & MEYERS LLP

Mailing Address 1625 EYE STREET,NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
 TRAINFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00671
 Date of Disbursement

M M / D D / Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

314.00

B.

Full Name (Last, First, Middle Initial)
 AMTRAK

Mailing Address 50 MASS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
 TRAINFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00671M
 Date of Disbursement

M M / D D / Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

314.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
 OREGON SECRETARY OF STATE

Mailing Address ATTN: SUMMER DAVIS
 255 CAPITOL STREET NE, SUITE 501

City SALEM State OR Zip Code 97310

Purpose of Disbursement
 VOTER DATA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00672
 Date of Disbursement

M M / D D / Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

814.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1188 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TRICIA PEARSON Mailing Address 1229 S. ARLINGTON AVE	Transaction ID: 2009M02L21A00675 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City RENO State NV Zip Code 89509 Purpose of Disbursement CAR RENTAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>101.61</div>
B. Full Name (Last, First, Middle Initial) THE HERTZ CORPORATION Mailing Address COMMERCIAL BILLING DEPT 1124 PO BOX 121124 City DALLAS State TX Zip Code 75312 Purpose of Disbursement CAR RENTAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00675M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>101.61</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) TRICIA PEARSON Mailing Address 1229 S. ARLINGTON AVE City RENO State NV Zip Code 89509 Purpose of Disbursement CAR RENTAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00676 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>395.15</div>

SUBTOTAL of Disbursements This Page (optional)

496.76

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1189 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) THE HERTZ CORPORATION	Transaction ID: 2009M02L21A00676M Date of Disbursement
Mailing Address COMMERCIAL BILLING DEPT 1124 PO BOX 121124	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City DALLAS State TX Zip Code 75312	Amount of Each Disbursement this Period
Purpose of Disbursement CAR RENTAL	<div> <div></div> <div>395.15</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) TRICIA PEARSON	Transaction ID: 2009M02L21A00677 Date of Disbursement
Mailing Address 1229 S. ARLINGTON AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City RENO State NV Zip Code 89509	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div> <div></div> <div>137.34</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) RESIDENCE INN MARRIOTT, NV	Transaction ID: 2009M02L21A00677M Date of Disbursement
Mailing Address 5875 DEAN MARTIN DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City LAS VEGAS State NV Zip Code 89118	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div> <div></div> <div>137.34</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

137.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1190 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TRICIA PEARSON	Transaction ID: 2009M02L21A00678 Date of Disbursement
Mailing Address 1229 S. ARLINGTON AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City RENO State NV Zip Code 89509	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>195.81</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) COURTYARD MARRIOTT SEATTLE	Transaction ID: 2009M02L21A00678M Date of Disbursement
Mailing Address 11010 NE 8TH STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City BELLEVUE State WA Zip Code 98004	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>195.81</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) TRICIA PEARSON	Transaction ID: 2009M02L21A00679 Date of Disbursement
Mailing Address 1229 S. ARLINGTON AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City RENO State NV Zip Code 89509	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>590.02</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

785.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1191 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RESIDENCE INN MARRIOTT, MN	Transaction ID: 2009M02L21A00679M Date of Disbursement																				
Mailing Address 45 SOUTH EIGHTH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City MINNEAPOLIS State MN Zip Code 55402	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>9</td><td>0</td><td>.</td><td>0</td><td>2</td> </tr> </table>	5	9	0	.	0	2														
5	9	0	.	0	2																
Purpose of Disbursement LODGING Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) TRICIA PEARSON	Transaction ID: 2009M02L21A00680 Date of Disbursement																				
Mailing Address 1229 S. ARLINGTON AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City RENO State NV Zip Code 89509	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>.</td><td>1</td><td>3</td> </tr> </table>	4	.	1	3																
4	.	1	3																		
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) RITAZZA C CON-RENO,NV	Transaction ID: 2009M02L21A00680M Date of Disbursement																				
Mailing Address 2001 EAST PLUMB LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City RENO State NV Zip Code 89502	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>.</td><td>1</td><td>3</td> </tr> </table>	4	.	1	3																
4	.	1	3																		
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

4.13

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1193 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BURGER KING, ST PAUL MN	Transaction ID: 2009M02L21A00682M Date of Disbursement																				
Mailing Address 333 UNIVERSITY AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ST PAUL State MN Zip Code 55103	Amount of Each Disbursement this Period <table border="1"> <tr> <td>6.46</td> </tr> </table>	6.46																			
6.46																					
Purpose of Disbursement MEALS Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div>	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
B. Full Name (Last, First, Middle Initial) TRICIA PEARSON	Transaction ID: 2009M02L21A00683 Date of Disbursement																				
Mailing Address 1229 S. ARLINGTON AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City RENO State NV Zip Code 89509	Amount of Each Disbursement this Period <table border="1"> <tr> <td>14.97</td> </tr> </table>	14.97																			
14.97																					
Purpose of Disbursement MEALS Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div>																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
C. Full Name (Last, First, Middle Initial) WHOLE FOODS MARKET	Transaction ID: 2009M02L21A00683M Date of Disbursement																				
Mailing Address 888 116TH AVE NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City BELLEVUE State WA Zip Code 98004	Amount of Each Disbursement this Period <table border="1"> <tr> <td>14.97</td> </tr> </table>	14.97																			
14.97																					
Purpose of Disbursement MEALS Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div>	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					

SUBTOTAL of Disbursements This Page (optional)

14.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TRICIA PEARSON Mailing Address 1229 S. ARLINGTON AVE	Transaction ID: 2009M02L21A00684 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City RENO State NV Zip Code 89509 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>16.81</div>
B. Full Name (Last, First, Middle Initial) PANERA BREAD-BELLEVUE,WA Mailing Address 1100 BELLEVUE WAY City BELLEVUE State WA Zip Code 98004 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00684M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>16.81</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) TRICIA PEARSON Mailing Address 1229 S. ARLINGTON AVE City RENO State NV Zip Code 89509 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00685 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>17.28</div>

SUBTOTAL of Disbursements This Page (optional) ►

34.09

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1195 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WALMART, ST PAUL MN

Mailing Address 1450 UNIVERSITY AVE

City State Zip Code
ST PAUL MN 55104

Purpose of Disbursement
MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00685M

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Amount of Each Disbursement this Period

17.28

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

TRICIA PEARSON

Mailing Address 1229 S. ARLINGTON AVE

City State Zip Code
RENO NV 89509

Purpose of Disbursement
MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00686

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Amount of Each Disbursement this Period

34.95

C.

Full Name (Last, First, Middle Initial)

3 PIGS BARBQ

Mailing Address 1044-116TH AVE NE

City State Zip Code
BELLEVUE WA 98004

Purpose of Disbursement
MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00686M

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Amount of Each Disbursement this Period

34.95

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

34.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1196 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TRICIA PEARSON Mailing Address 1229 S. ARLINGTON AVE	Transaction ID: 2009M02L21A00687 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City RENO State NV Zip Code 89509 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>35.14</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) JOSE CUERVO, LAS VEGAS NV Mailing Address 5757 WAYNE NEWTON BLVD City LAS VEGAS State NV Zip Code 89119 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00687M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>35.14</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) TRICIA PEARSON Mailing Address 1229 S. ARLINGTON AVE City RENO State NV Zip Code 89509 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00688 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>55.51</div> <div>Category/Type</div>
SUBTOTAL of Disbursements This Page (optional) ▶	<div>90.65</div>
TOTAL This Period (last page this line number only) ▶	

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BOOT LEGGER BISTRO	Transaction ID: 2009M02L21A00688M Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div><small>0</small> <small>1</small> / <small>2</small> <small>9</small> / <small>2</small> <small>0</small> <small>0</small> <small>9</small></div> </div>
Mailing Address]7700 LAS VEGAS BLVD	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">55.51</div>
<div style="display: flex; justify-content: space-between;"> <div>City LAS VEGAS</div> <div>State NV</div> <div>Zip Code 89119</div> </div>	<div style="border: 1px solid black; padding: 5px; text-align: right;">55.51</div>
Purpose of Disbursement MEALS	<div style="border: 1px solid black; padding: 5px; text-align: right;">55.51</div>
Candidate Name	<div style="border: 1px solid black; padding: 5px; text-align: right;">55.51</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<div style="border: 1px solid black; padding: 5px; text-align: right;">55.51</div>
State: District:	<div style="border: 1px solid black; padding: 5px; text-align: right;">55.51</div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div style="border: 1px solid black; padding: 5px; text-align: right;">55.51</div>
[MEMO ITEM]	
B. Full Name (Last, First, Middle Initial) TRICIA PEARSON	Transaction ID: 2009M02L21A00689 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div><small>0</small> <small>1</small> / <small>2</small> <small>2</small> / <small>2</small> <small>0</small> <small>0</small> <small>9</small></div> </div>
Mailing Address 1229 S. ARLINGTON AVE	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">25.00</div>
<div style="display: flex; justify-content: space-between;"> <div>City RENO</div> <div>State NV</div> <div>Zip Code 89509</div> </div>	<div style="border: 1px solid black; padding: 5px; text-align: right;">25.00</div>
Purpose of Disbursement PARKING	<div style="border: 1px solid black; padding: 5px; text-align: right;">25.00</div>
Candidate Name	<div style="border: 1px solid black; padding: 5px; text-align: right;">25.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<div style="border: 1px solid black; padding: 5px; text-align: right;">25.00</div>
State: District:	<div style="border: 1px solid black; padding: 5px; text-align: right;">25.00</div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div style="border: 1px solid black; padding: 5px; text-align: right;">25.00</div>
C. Full Name (Last, First, Middle Initial) TRICIA PEARSON	Transaction ID: 2009M02L21A00690 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div><small>0</small> <small>1</small> / <small>2</small> <small>9</small> / <small>2</small> <small>0</small> <small>0</small> <small>9</small></div> </div>
Mailing Address 1229 S. ARLINGTON AVE	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">43.00</div>
<div style="display: flex; justify-content: space-between;"> <div>City RENO</div> <div>State NV</div> <div>Zip Code 89509</div> </div>	<div style="border: 1px solid black; padding: 5px; text-align: right;">43.00</div>
Purpose of Disbursement PARKING	<div style="border: 1px solid black; padding: 5px; text-align: right;">43.00</div>
Candidate Name	<div style="border: 1px solid black; padding: 5px; text-align: right;">43.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<div style="border: 1px solid black; padding: 5px; text-align: right;">43.00</div>
State: District:	<div style="border: 1px solid black; padding: 5px; text-align: right;">43.00</div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div style="border: 1px solid black; padding: 5px; text-align: right;">43.00</div>
SUBTOTAL of Disbursements This Page (optional) ▶	
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1198 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) TRICIA PEARSON	Transaction ID: 2009M02L21A00691 Date of Disbursement
	Mailing Address 1229 S. ARLINGTON AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
	City RENO State NV Zip Code 89509	Amount of Each Disbursement this Period
	Purpose of Disbursement TIPS Candidate Name	<div> <div></div> <div>5.00</div> </div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div></div> </div>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) TRICIA PEARSON	Transaction ID: 2009M02L21A00692 Date of Disbursement
	Mailing Address 1229 S. ARLINGTON AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
	City RENO State NV Zip Code 89509	Amount of Each Disbursement this Period
	Purpose of Disbursement TIPS Candidate Name	<div> <div></div> <div>13.00</div> </div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div></div> </div>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) PEPCO	Transaction ID: 2009M02L21A00693 Date of Disbursement
	Mailing Address P O BOX 4863	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
	City TRENTON State NJ Zip Code 08650-4863	Amount of Each Disbursement this Period
	Purpose of Disbursement UTILITIES Candidate Name	<div> <div></div> <div>24879.22</div> </div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div></div> </div>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

24897.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1199 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SARAH PETRE Mailing Address 4328 GARRISON ST NW	Transaction ID: 2009M02L21A00694 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20016 Purpose of Disbursement FLORAL ARRANGEMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>75.02</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) CHATEAU FLORIST Mailing Address 2000 PENNSYLVANIA AVE NW City WASHINGTON State DC Zip Code 20006 Purpose of Disbursement FLORAL ARRANGEMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00694M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>75.02</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) SARAH PETRE Mailing Address 4328 GARRISON ST NW City WASHINGTON State DC Zip Code 20016 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00695 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>39.36</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

114.38

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

[MEMO ITEM]

[MEMO ITEM]

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1201 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SARAH PETRE	Transaction ID: 2009M02L21A00697 Date of Disbursement																				
Mailing Address 4328 GARRISON ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20016	Amount of Each Disbursement this Period																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td>45.00</td> </tr> </table>	45.00																			
45.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SARAH PETRE	Transaction ID: 2009M02L21A00698 Date of Disbursement																				
Mailing Address 4328 GARRISON ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City WASHINGTON State DC Zip Code 20016	Amount of Each Disbursement this Period																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td>60.00</td> </tr> </table>	60.00																			
60.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SARAH PETRE	Transaction ID: 2009M02L21A00699 Date of Disbursement																				
Mailing Address 4328 GARRISON ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20016	Amount of Each Disbursement this Period																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td>75.00</td> </tr> </table>	75.00																			
75.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

180.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1202 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
PGA NATIONAL RESORT & SPA

Mailing Address 400 AVENUE OF THE CHAMPIONS

City State Zip Code
PALM BEACH FL 33418Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00700

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Amount of Each Disbursement this Period

4417.63

B.

Full Name (Last, First, Middle Initial)
PITNEY BOWES GLOBAL FINANCIALMailing Address SERVICES LLC
P O BOX 856460City State Zip Code
LOUISVILLE KY 40285Purpose of Disbursement
EQUIPMENT LEASE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00701

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Amount of Each Disbursement this Period

3607.14

C.

Full Name (Last, First, Middle Initial)
POLLING REPORT, INC

Mailing Address PO BOX 4369

City State Zip Code
SANTA BARBARA CA 93140Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00702

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

330.00

SUBTOTAL of Disbursements This Page (optional)

8354.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1203 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	<p>Full Name (Last, First, Middle Initial) PORT A BOWL</p> <p>Mailing Address PO BOX 671</p> <p>City PLUMSTEADVILLE State PA Zip Code 18949</p> <p>Purpose of Disbursement EQUIPMENT RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00703 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p>
		<p>Amount of Each Disbursement this Period <div>704.00</div> </p>
B.	<p>Full Name (Last, First, Middle Initial) JASON POTTS</p> <p>Mailing Address 20 N GRAND BLVD MSC 5697</p> <p>City ST LOUIS State MO Zip Code 63103</p> <p>Purpose of Disbursement PER DIEM</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00704 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p>
		<p>Amount of Each Disbursement this Period <div>368.66</div> </p>
C.	<p>Full Name (Last, First, Middle Initial) POTTY TIME, INC</p> <p>Mailing Address 1056 WILLOW</p> <p>City LA CRUCES State NM Zip Code 88001</p> <p>Purpose of Disbursement EQUIPMENT RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00705 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> </p>
		<p>Amount of Each Disbursement this Period <div>749.88</div> </p>

SUBTOTAL of Disbursements This Page (optional)

1822.54

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
 PREFERRED COMMUNICATIONS

Mailing Address 815 KING STREET
 SUITE 209

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
 LIST RENTAL

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00706
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
 PREFERRED VENDING INC.

Mailing Address 6728-A INDUSTRIAL DR

City BELTSVILLE State MD Zip Code 20705

Purpose of Disbursement
 OFFICE SUPPLIES

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00707
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
 PRESS ASSOCIATION, INC

Mailing Address PO BOX 414243

City BOSTON State MA Zip Code 02241

Purpose of Disbursement
 PHOTOS

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00708
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1206 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) PRO PRODUCTIONS SERVICES,LLC	Transaction ID: 2009M02L21A00712 Date of Disbursement																				
Mailing Address 3532 EAST ELWOOD STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PHOENIX State AZ Zip Code 85040	Amount of Each Disbursement this Period																				
Purpose of Disbursement STAGE PRODUCTION Candidate Name	<table border="1"> <tr> <td colspan="10">84764.81</td> </tr> </table>	84764.81																			
84764.81																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) PRODUCTION DESIGN ASSOCIATES,	Transaction ID: 2009M02L21A00713 Date of Disbursement																				
Mailing Address INC. 2799 THREE LAKES ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City N. CHARLESTON State SC Zip Code 29418	Amount of Each Disbursement this Period																				
Purpose of Disbursement EQUIPMENT RENTAL Candidate Name	<table border="1"> <tr> <td colspan="10">459.73</td> </tr> </table>	459.73																			
459.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) PURCHASE POWER	Transaction ID: 2009M02L21A00714 Date of Disbursement																				
Mailing Address PITNEY BOWES POSTAGE BY PHONE P O BOX 856042	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City LOUISVILLE State KY Zip Code 40285	Amount of Each Disbursement this Period																				
Purpose of Disbursement POSTAGE Candidate Name	<table border="1"> <tr> <td colspan="10">22900.43</td> </tr> </table>	22900.43																			
22900.43																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

108124.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) GRETCHEN PURSER	Transaction ID: 2009M02L21A00715 Date of Disbursement																				
Mailing Address 7714 RIDGECREST DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22308	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">57.29</td> </tr> </table>	57.29																			
57.29																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) EXTRA VIRGIN	Transaction ID: 2009M02L21A00715M Date of Disbursement																				
Mailing Address 4053 SOUTH 28TH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">57.29</td> </tr> </table>	57.29																			
57.29																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) GRETCHEN PURSER	Transaction ID: 2009M02L21A00716 Date of Disbursement																				
Mailing Address 7714 RIDGECREST DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22308	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">70.04</td> </tr> </table>	70.04																			
70.04																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

127.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 CARLYLE, ARLINGTON VA

Mailing Address 4000 SOUTH 28TH ST

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00716M
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

70.04

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
 GRETCHEN PURSER

Mailing Address 7714 RIDGECREST DRIVE

City ALEXANDRIA State VA Zip Code 22308

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00717
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

73.25

C.

Full Name (Last, First, Middle Initial)
 STARBUCKS, WASHINGTON DC

Mailing Address 237 PENN AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00717M
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

73.25

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

73.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) GRETCHEN PURSER	Transaction ID: 2009M02L21A00718 Date of Disbursement
Mailing Address 7714 RIDGECREST DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22308	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS Candidate Name <div>Category/Type</div>	<div>90.68</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) THE OCEANAIRE	Transaction ID: 2009M02L21A00718M Date of Disbursement
Mailing Address 1201 F STREET,NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20004	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS Candidate Name <div>Category/Type</div>	<div>90.68</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) GRETCHEN PURSER	Transaction ID: 2009M02L21A00719 Date of Disbursement
Mailing Address 7714 RIDGECREST DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22308	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS Candidate Name <div>Category/Type</div>	<div>92.75</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

183.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) STARDUST RESTAURANT, ALEX VA	Transaction ID: 2009M02L21A00719M Date of Disbursement																				
Mailing Address 608 MONTGOMERY ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">92.75</td> </tr> </table>	92.75																			
92.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) GRETCHEN PURSER	Transaction ID: 2009M02L21A00720 Date of Disbursement																				
Mailing Address 7714 RIDGECREST DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22308	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">101.71</td> </tr> </table>	101.71																			
101.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
C. Full Name (Last, First, Middle Initial) TORTILLA COAST, WASHINGTON DC	Transaction ID: 2009M02L21A00720M Date of Disbursement																				
Mailing Address 400 FIRST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City WASHINGTON State DC Zip Code 20016	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">101.71</td> </tr> </table>	101.71																			
101.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

SUBTOTAL of Disbursements This Page (optional)

101.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) GRETCHEN PURSER	Transaction ID: 2009M02L21A00721 Date of Disbursement
Mailing Address 7714 RIDGECREST DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22308	Amount of Each Disbursement this Period <div>140.80</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) THE CAPITAL GRILLE WASH, DC	Transaction ID: 2009M02L21A00721M Date of Disbursement
Mailing Address 601 PENNSYLVANIA AVE NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20004	Amount of Each Disbursement this Period <div>140.80</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) GRETCHEN PURSER	Transaction ID: 2009M02L21A00722 Date of Disbursement
Mailing Address 7714 RIDGECREST DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22308	Amount of Each Disbursement this Period <div>506.47</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)	<div>647.27</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1212 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
 AROMA INDIAN RESTAURANT

Mailing Address 1919 I ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
 MEALS

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00722M
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

506.47

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
 GRETCHEN PURSER

Mailing Address 7714 RIDGECREST DRIVE

City ALEXANDRIA State VA Zip Code 22308

Purpose of Disbursement
 MEALS

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00723
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

3146.00

C. Full Name (Last, First, Middle Initial)
 CAPITOL LOUNGE

Mailing Address 231 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
 MEALS

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00723M
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

3146.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

3146.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) GRETCHEN PURSER Mailing Address 7714 RIDGECREST DRIVE	Transaction ID: 2009M02L21A00724 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22308 Purpose of Disbursement PARKING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>28.00</div>
B. Full Name (Last, First, Middle Initial) GRETCHEN PURSER Mailing Address 7714 RIDGECREST DRIVE City ALEXANDRIA State VA Zip Code 22308 Purpose of Disbursement TAXI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00725 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>7.70</div>
C. Full Name (Last, First, Middle Initial) GRETCHEN PURSER Mailing Address 7714 RIDGECREST DRIVE City ALEXANDRIA State VA Zip Code 22308 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00726 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>90.01</div>
SUBTOTAL of Disbursements This Page (optional) ▶	<div>125.71</div>
TOTAL This Period (last page this line number only) ▶	

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SHANNON REEVES	Transaction ID: 2009M02L21A00729 Date of Disbursement
Mailing Address 605 CLARIDAN RANCH RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City SOUTH LAKE State TX Zip Code 76092	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>1241.76</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) COURTYARD MARRIOTT WASHINGTON	Transaction ID: 2009M02L21A00729M Date of Disbursement
Mailing Address CAPITOL HILL 140 L STREET SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>1241.76</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RENDEZVOUS MOUNTAIN RENTALS,	Transaction ID: 2009M02L21A00730 Date of Disbursement
Mailing Address INC. PO BOX 11338, 3610 N. MOOSE WILSON	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City JACKSON State WY Zip Code 83002	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>680.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1922.16

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
WILLIAM REYESMailing Address FREDERICKSBURG SHERIFF'S OFF
513 PRINCE EDWARD STREET, SUITE 20

City FREDERICKSBURG State VA Zip Code 22401

Purpose of Disbursement
SECURITY COST

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00732

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

360.00

B.Full Name (Last, First, Middle Initial)
RIS PAPER

Mailing Address P O BOX 641617

City PITTSBURGH State PA Zip Code 15264-1617

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00733

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

1946.03

C.Full Name (Last, First, Middle Initial)
RNC-PAYROLL ACCOUNT

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FED UNEMPL. TAXES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00734

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

2669.39

SUBTOTAL of Disbursements This Page (optional)

4975.42

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RNC-PAYROLL ACCOUNT	Transaction ID: 2009M02L21A00736 Date of Disbursement																				
Mailing Address 310 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement GARNISHMENT Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
B. Full Name (Last, First, Middle Initial) CA STATE DISBURSEMENT UNIT	Transaction ID: 2009M02L21A00736M Date of Disbursement																				
Mailing Address PO BOX 989067	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City W. SACRAMENTO State CA Zip Code 95798 Purpose of Disbursement GARNISHMENT Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
C. Full Name (Last, First, Middle Initial) RNC-PAYROLL ACCOUNT	Transaction ID: 2009M02L21A00737 Date of Disbursement																				
Mailing Address 310 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL TAXES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>3180.10</td> </tr> </table>	3180.10																			
3180.10																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

3680.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) MARYLAND STATE COMPTROLLER</p> <p>Mailing Address OF THE TREASURY 110 CARROLL STREET</p> <p>City ANNAPOLIS State MD Zip Code 21411</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00737M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>3180.10</div></p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) RNC-PAYROLL ACCOUNT</p> <p>Mailing Address 310 FIRST STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00738 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>3184.81</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MARYLAND STATE COMPTROLLER</p> <p>Mailing Address OF THE TREASURY 110 CARROLL STREET</p> <p>City ANNAPOLIS State MD Zip Code 21411</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00738M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>3184.81</div></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

3184.81

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

RNC-PAYROLL ACCOUNT

Mailing Address 310 FIRST STREET, SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00739

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

6739.35

B.

Full Name (Last, First, Middle Initial)

GOVT OF THE DIST OF COLUMBIA

Mailing Address OFFICE OF TAX & REVENUE
PO BOX 7862City
WASHINGTONState
DCZip Code
20044Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00739M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

6739.35

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

RNC-PAYROLL ACCOUNT

Mailing Address 310 FIRST STREET, SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00740

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

7245.92

SUBTOTAL of Disbursements This Page (optional)

13985.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) GOVT OF THE DIST OF COLUMBIA</p> <p>Mailing Address OFFICE OF TAX & REVENUE PO BOX 7862</p> <p>City WASHINGTON State DC Zip Code 20044</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00740M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>7245.92</div></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) RNC-PAYROLL ACCOUNT</p> <p>Mailing Address 310 FIRST STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00741 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>9112.03</div></p>
<p>C. Full Name (Last, First, Middle Initial) VIRGINIA COMMONWEALTH DEPT</p> <p>Mailing Address OF TAXATION</p> <p>City RICHMOND State VA Zip Code 23218</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00741M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>9112.03</div></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

9112.03

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RNC-PAYROLL ACCOUNT	Transaction ID: 2009M02L21A00742 Date of Disbursement																				
Mailing Address 310 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL TAXES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>9</td><td>4</td><td>3</td><td>8</td><td>.</td><td>9</td><td>6</td> </tr> </table>	9	4	3	8	.	9	6													
9	4	3	8	.	9	6															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VIRGINIA COMMONWEALTH DEPT	Transaction ID: 2009M02L21A00742M Date of Disbursement																				
Mailing Address OF TAXATION	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City RICHMOND State VA Zip Code 23218 Purpose of Disbursement PAYROLL TAXES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>9</td><td>4</td><td>3</td><td>8</td><td>.</td><td>9</td><td>6</td> </tr> </table>	9	4	3	8	.	9	6													
9	4	3	8	.	9	6															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) RNC-PAYROLL ACCOUNT	Transaction ID: 2009M02L21A00743 Date of Disbursement																				
Mailing Address 310 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL TAXES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>6</td><td>9</td><td>9</td><td>5</td><td>6</td><td>.</td><td>6</td><td>8</td> </tr> </table>	6	9	9	5	6	.	6	8												
6	9	9	5	6	.	6	8														
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

79395.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1223 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address 11601 ROOSEVELT BLVD

City PHILADELPHIA State PA Zip Code 19154

Purpose of Disbursement
 PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00743M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

69956.68

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RNC-PAYROLL ACCOUNT

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
 PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00744

Date of Disbursement

/ /

Amount of Each Disbursement this Period

72566.88

C. Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address 11601 ROOSEVELT BLVD

City PHILADELPHIA State PA Zip Code 19154

Purpose of Disbursement
 PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00744M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

72566.88

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

72566.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1224 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RNC-PAYROLL ACCOUNT

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
 PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00745

Date of Disbursement

MM / DD / YYYY
 01 / 29 / 2009

Amount of Each Disbursement this Period

74609.10

B.

Full Name (Last, First, Middle Initial)

INTERNAL REVENUE SERVICE

Mailing Address 11601 ROOSEVELT BLVD

City PHILADELPHIA State PA Zip Code 19154

Purpose of Disbursement
 PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00745M

Date of Disbursement

MM / DD / YYYY
 01 / 29 / 2009

Amount of Each Disbursement this Period

74609.10

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

RNC-PAYROLL ACCOUNT

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
 PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00746

Date of Disbursement

MM / DD / YYYY
 01 / 29 / 2009

Amount of Each Disbursement this Period

77432.70

SUBTOTAL of Disbursements This Page (optional)

152041.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1225 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 INTERNAL REVENUE SERVICE

Mailing Address 11601 ROOSEVELT BLVD

City PHILADELPHIA State PA Zip Code 19154

Purpose of Disbursement
 PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00746M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

77432.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
 RNC-PAYROLL ACCOUNT

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
 UNEMPL. TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00747

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6058.66

C.

Full Name (Last, First, Middle Initial)
 GOVT OF THE DIST OF COLUMBIA

Mailing Address OFFICE OF TAX & REVENUE
 PO BOX 7862

City WASHINGTON State DC Zip Code 20044

Purpose of Disbursement
 UNEMPL. TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00747M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6058.66

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

6058.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1226 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RNC-PAYROLL ACCOUNT

Mailing Address **310 FIRST STREET, SE**

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
UNEMPL. TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00748

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7075.61

B.

Full Name (Last, First, Middle Initial)

GOVT OF THE DIST OF COLUMBIA

Mailing Address **OFFICE OF TAX & REVENUE
 PO BOX 7862**

City
WASHINGTON

State
DC

Zip Code
20044

Purpose of Disbursement
UNEMPL. TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00748M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7075.61

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

RNC-WITHHOLDING

Mailing Address **310 FIRST STREET, SE**

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
EMPLOYEE DEDUCTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00749

Date of Disbursement

/ /

Amount of Each Disbursement this Period

132.50

SUBTOTAL of Disbursements This Page (optional)

7208.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1227 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RNC-WITHHOLDING	Transaction ID: 2009M02L21A00750 Date of Disbursement																				
Mailing Address 310 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement EMPLOYEE DEDUCTION Candidate Name	<table border="1"> <tr> <td colspan="10">172.50</td> </tr> </table>	172.50																			
172.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ROBERT M SIDES, INC	Transaction ID: 2009M02L21A00751 Date of Disbursement																				
Mailing Address 201 MULBERRY STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City WILLIAMSPORT State PA Zip Code 17701	Amount of Each Disbursement this Period																				
Purpose of Disbursement EQUIPMENT RENTAL Candidate Name	<table border="1"> <tr> <td colspan="10">757.59</td> </tr> </table>	757.59																			
757.59																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ROCK CHALK MEDIA, LLC	Transaction ID: 2009M02L21A00752 Date of Disbursement																				
Mailing Address PO BOX 2123	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City GRAND JUNCTION State CO Zip Code 81502	Amount of Each Disbursement this Period																				
Purpose of Disbursement A/V PRODUCTION Candidate Name	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1180.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1228 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RUSSELL RODDY	Transaction ID: 2009M02L21A00753 Date of Disbursement																				
Mailing Address 3422 NORTH ABINGDON STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period																				
Purpose of Disbursement PER DIEM	<table border="1"> <tr> <td>297.35</td> </tr> </table>	297.35																			
297.35																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) RUSSELL RODDY	Transaction ID: 2009M02L21A00754 Date of Disbursement																				
Mailing Address 3422 NORTH ABINGDON STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period																				
Purpose of Disbursement PER DIEM	<table border="1"> <tr> <td>377.50</td> </tr> </table>	377.50																			
377.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) RUSSELL RODDY	Transaction ID: 2009M02L21A00755 Date of Disbursement																				
Mailing Address 3422 NORTH ABINGDON STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period																				
Purpose of Disbursement PER DIEM	<table border="1"> <tr> <td>477.07</td> </tr> </table>	477.07																			
477.07																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1151.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RSM MCGLADREY, INC	Transaction ID: 2009M02L21A00756 Date of Disbursement
Mailing Address 191 NORTH WACKER DR SUITE 1400	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period
Purpose of Disbursement AUDIT SERVICES Candidate Name	<div> <div>5000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) RST MARKETING ASSOCIATES, INC	Transaction ID: 2009M02L21A00757 Date of Disbursement
Mailing Address PO BOX 228	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period
Purpose of Disbursement MAIL,PRINT PRODCUTION Candidate Name	<div> <div>8605.15</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RST MARKETING ASSOCIATES, INC	Transaction ID: 2009M02L21A00758 Date of Disbursement
Mailing Address PO BOX 228	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period
Purpose of Disbursement MAIL,PRINT PRODUCTION Candidate Name	<div> <div>3509.88</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

17115.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1230 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RST MARKETING ASSOCIATES, INC	Transaction ID: 2009M02L21A00759 Date of Disbursement																				
Mailing Address PO BOX 228	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period																				
Purpose of Disbursement POSTAGE	<table border="1"> <tr> <td>1153.99</td> </tr> </table>	1153.99																			
1153.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) RST MARKETING ASSOCIATES, INC	Transaction ID: 2009M02L21A00760 Date of Disbursement																				
Mailing Address PO BOX 228	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period																				
Purpose of Disbursement POSTAGE	<table border="1"> <tr> <td>4394.71</td> </tr> </table>	4394.71																			
4394.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) RST MARKETING ASSOCIATES, INC	Transaction ID: 2009M02L21A00761 Date of Disbursement																				
Mailing Address ATTN: LARA BURFORD 1272 CORPORATE PARK ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period																				
Purpose of Disbursement POSTAGE	<table border="1"> <tr> <td>690.07</td> </tr> </table>	690.07																			
690.07																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6238.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1231 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
 RST MARKETING ASSOCIATES, INC

Mailing Address ATTN: LARA BURFORD
 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551

Purpose of Disbursement
 POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00762
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

2388.43

B. Full Name (Last, First, Middle Initial)
 THE TOWN OF SALEM, NH

Mailing Address GEREMONTY DRIVE

City SALEM State NH Zip Code 03079

Purpose of Disbursement
 POLICE SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00763
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

630.00

C. Full Name (Last, First, Middle Initial)
 SCHAFFER VICTORY COMMITTEE

Mailing Address PO BOX 100366

City DENVER State CO Zip Code 80250

Purpose of Disbursement
 EXCESS TRIP FUNDS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00764
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

22814.60

SUBTOTAL of Disbursements This Page (optional)

25833.03

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ROBBIE SCOTT	Transaction ID: 2009M02L21A00765 Date of Disbursement																				
Mailing Address 450 MASSACHUSETTS AVE NW APT 804	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement ISSUED IN ERROR	<table border="1"> <tr> <td>-202.32</td> </tr> </table>	-202.32																			
-202.32																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ROBBIE SCOTT	Transaction ID: 2009M02L21A00766 Date of Disbursement																				
Mailing Address 450 MASSACHUSETTS AVE NW APT 804	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement PER DIEM	<table border="1"> <tr> <td>202.32</td> </tr> </table>	202.32																			
202.32																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SECURITAS SECURITY SERVICES	Transaction ID: 2009M02L21A00767 Date of Disbursement																				
Mailing Address USA, INC. P O BOX 403412	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City ATLANTA State GA Zip Code 30384-3412	Amount of Each Disbursement this Period																				
Purpose of Disbursement SECURITY SERVICES	<table border="1"> <tr> <td>6410.88</td> </tr> </table>	6410.88																			
6410.88																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6410.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SECURITAS SECURITY SERVICES

Mailing Address USA, INC.
 P O BOX 403412

City ATLANTA State GA Zip Code 30384-3412

Purpose of Disbursement
 SECURITY SERVICES

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00768

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6410.88

B. Full Name (Last, First, Middle Initial) SECURITAS SECURITY SERVICES

Mailing Address USA, INC.
 P O BOX 403412

City ATLANTA State GA Zip Code 30384-3412

Purpose of Disbursement
 SECURITY SERVICES

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00769

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6639.84

C. Full Name (Last, First, Middle Initial) SECURITAS SECURITY SERVICES

Mailing Address USA, INC.
 P O BOX 403412

City ATLANTA State GA Zip Code 30384-3412

Purpose of Disbursement
 SECURITY SERVICES

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00770

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6868.80

SUBTOTAL of Disbursements This Page (optional)

19919.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) SECURITAS SECURITY SERVICES</p> <p>Mailing Address USA, INC. P O BOX 403412</p> <p>City ATLANTA State GA Zip Code 30384-3412</p> <p>Purpose of Disbursement SECURITY SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00771 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>6868.80</div></p>
<p>B. Full Name (Last, First, Middle Initial) SHERATON CLAYTON PLAZA</p> <p>Mailing Address 7730 BONHOMME AVE</p> <p>City CLAYTON State MO Zip Code 63105</p> <p>Purpose of Disbursement LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00772 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1919.94</div></p>
<p>C. Full Name (Last, First, Middle Initial) ANTOINE SHORT</p> <p>Mailing Address 13003 JACKSON DRIVE</p> <p>City FT WASHINGTON State MD Zip Code 20744</p> <p>Purpose of Disbursement AUTOMOBILE MAINTENANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A00773 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>283.71</div></p>

SUBTOTAL of Disbursements This Page (optional)

9072.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1235 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SHEEHY FORD MARLOW HEIGHTS	Transaction ID: 2009M02L21A00773M Date of Disbursement																				
Mailing Address 5000 AUTH RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City MARLOW HEIGHT State MD Zip Code 30142	Amount of Each Disbursement this Period																				
Purpose of Disbursement AUTOMOBILE MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">283.71</td> </tr> </table>	283.71																			
283.71																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) SIDNEY'S VALET SERVICES, INC	Transaction ID: 2009M02L21A00774 Date of Disbursement																				
Mailing Address 725 NORTH SKOKIE HIGHWAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LAKE BLUFF State IL Zip Code 60044	Amount of Each Disbursement this Period																				
Purpose of Disbursement VALET SERVICES Candidate Name	<table border="1"> <tr> <td colspan="10">852.34</td> </tr> </table>	852.34																			
852.34																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type																					
C. Full Name (Last, First, Middle Initial) BILL SKELLY	Transaction ID: 2009M02L21A00775 Date of Disbursement																				
Mailing Address 703 METAIRIE LAWN DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City METAIRIE State LA Zip Code 70001	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONSULTING-LIST DEVELOPMENT Candidate Name	<table border="1"> <tr> <td colspan="10">3510.00</td> </tr> </table>	3510.00																			
3510.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type																					

SUBTOTAL of Disbursements This Page (optional)

4362.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1236 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	Transaction ID: 2009M02L21A00776 Date of Disbursement																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement DATA MANAGEMENT SERVICES	<table border="1"> <tr> <td colspan="10">8000.00</td> </tr> </table>	8000.00																			
8000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	Transaction ID: 2009M02L21A00777 Date of Disbursement																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement DATA STORAGE	<table border="1"> <tr> <td colspan="10">22.16</td> </tr> </table>	22.16																			
22.16																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	Transaction ID: 2009M02L21A00778 Date of Disbursement																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement DOMAIN NAME REGISTRATION	<table border="1"> <tr> <td colspan="10">161.55</td> </tr> </table>	161.55																			
161.55																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8183.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	Transaction ID: 2009M02L21A00779 Date of Disbursement																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement DOMAIN NAME REGISTRATION	<table border="1"> <tr> <td>229.50</td> </tr> </table>	229.50																			
229.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	Transaction ID: 2009M02L21A00780 Date of Disbursement																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement EMAIL SERVICES	<table border="1"> <tr> <td>684.65</td> </tr> </table>	684.65																			
684.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	Transaction ID: 2009M02L21A00781 Date of Disbursement																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement EMAIL SERVICES	<table border="1"> <tr> <td>819.65</td> </tr> </table>	819.65																			
819.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1733.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	Transaction ID: 2009M02L21A00782 Date of Disbursement																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement INTERNET SERVICES Candidate Name	<table border="1"> <tr> <td colspan="10">8150.00</td> </tr> </table>	8150.00																			
8150.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	Transaction ID: 2009M02L21A00783 Date of Disbursement																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement WEB HOSTING Candidate Name	<table border="1"> <tr> <td colspan="10">49.00</td> </tr> </table>	49.00																			
49.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	Transaction ID: 2009M02L21A00784 Date of Disbursement																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement WEB HOSTING Candidate Name	<table border="1"> <tr> <td colspan="10">30257.50</td> </tr> </table>	30257.50																			
30257.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

38456.50

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
SMARTECH CORPORATIONMailing Address A DIVISION OF AIRNET GROUP, INC
PO BOX 11181

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
WEB HOSTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00785

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

47950.00

B.

Full Name (Last, First, Middle Initial)
SMARTECH CORPORATIONMailing Address A DIVISION OF AIRNET GROUP, INC
PO BOX 11181

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
WEB HOSTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00786

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

50162.50

C.

Full Name (Last, First, Middle Initial)
SMARTECH CORPORATIONMailing Address A DIVISION OF AIRNET GROUP, INC
PO BOX 11181

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
WEB INTERFACE SVS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00787

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

1950.00

SUBTOTAL of Disbursements This Page (optional)

100062.50

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1240 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEVIN R. SMITH

Mailing Address 134 WINCHESTER ROAD S

City LONDON State KY Zip Code 40744

Purpose of Disbursement
CAR WASH

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00788

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

19.00

B.

Full Name (Last, First, Middle Initial)

SPLASH CAR WASH

Mailing Address 10 I ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CAR WASH

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00788M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

19.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

KEVIN R. SMITH

Mailing Address 134 WINCHESTER ROAD S

City LONDON State KY Zip Code 40744

Purpose of Disbursement
FUEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00789

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

33.86

SUBTOTAL of Disbursements This Page (optional)

52.86

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1241 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) KEVIN R. SMITH	Transaction ID: 2009M02L21A00790 Date of Disbursement																				
Mailing Address 134 WINCHESTER ROAD S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City LONDON State KY Zip Code 40744	Amount of Each Disbursement this Period																				
Purpose of Disbursement FUEL	<table border="1"> <tr> <td>37.20</td> </tr> </table>	37.20																			
37.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) KEVIN R. SMITH	Transaction ID: 2009M02L21A00791 Date of Disbursement																				
Mailing Address 134 WINCHESTER ROAD S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City LONDON State KY Zip Code 40744	Amount of Each Disbursement this Period																				
Purpose of Disbursement FUEL	<table border="1"> <tr> <td>57.01</td> </tr> </table>	57.01																			
57.01																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) KEVIN R. SMITH	Transaction ID: 2009M02L21A00792 Date of Disbursement																				
Mailing Address 134 WINCHESTER ROAD S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LONDON State KY Zip Code 40744	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>3.77</td> </tr> </table>	3.77																			
3.77																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

97.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 SAFEWAY, WASHINGTON DC

Mailing Address 415 14TH ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00792M
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.77

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
 KEVIN R. SMITH

Mailing Address 134 WINCHESTER ROAD S

City LONDON State KY Zip Code 40744

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00793
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.50

C.

Full Name (Last, First, Middle Initial)
 CAPITOL CITY BREWING CO., WDC

Mailing Address 2 MASS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A00793M
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

11.50

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1244 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) PAPYRUS, WASHINGTON DC	Transaction ID: 2009M02L21A00795M Date of Disbursement																				
Mailing Address 40 MASSACHUSETTS AVE NE T-18	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">7.35</td> </tr> </table>	7.35																			
7.35																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) KEVIN R. SMITH	Transaction ID: 2009M02L21A00796 Date of Disbursement																				
Mailing Address 134 WINCHESTER ROAD S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LONDON State KY Zip Code 40744	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">9.41</td> </tr> </table>	9.41																			
9.41																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
C. Full Name (Last, First, Middle Initial) MOTO PHOTO INC	Transaction ID: 2009M02L21A00796M Date of Disbursement																				
Mailing Address 7086 CORPORATE WAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City DAYTON State OH Zip Code 45459	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">9.41</td> </tr> </table>	9.41																			
9.41																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

SUBTOTAL of Disbursements This Page (optional)

9.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1245 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) KEVIN R. SMITH	Transaction ID: 2009M02L21A00797 Date of Disbursement																				
Mailing Address 134 WINCHESTER ROAD S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City LONDON State KY Zip Code 40744	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>22.13</td> </tr> </table>	22.13																			
22.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) CVS PHARMACY, WASHINGTON DC	Transaction ID: 2009M02L21A00797M Date of Disbursement																				
Mailing Address 661 PENN AVE SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>22.13</td> </tr> </table>	22.13																			
22.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) KEVIN R. SMITH	Transaction ID: 2009M02L21A00798 Date of Disbursement																				
Mailing Address 134 WINCHESTER ROAD S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City LONDON State KY Zip Code 40744	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>92.35</td> </tr> </table>	92.35																			
92.35																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

114.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) STAPLES, ALEXANDRIA VA	Transaction ID: 2009M02L21A00798M Date of Disbursement																				
Mailing Address 3301 JEFFERSON DAVIS HWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">92.35</td> </tr> </table>	92.35																			
92.35																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) KEVIN R. SMITH	Transaction ID: 2009M02L21A00799 Date of Disbursement																				
Mailing Address 134 WINCHESTER ROAD S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LONDON State KY Zip Code 40744	Amount of Each Disbursement this Period																				
Purpose of Disbursement PARKING Candidate Name	<table border="1"> <tr> <td colspan="10">6.00</td> </tr> </table>	6.00																			
6.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) KEVIN R. SMITH	Transaction ID: 2009M02L21A00800 Date of Disbursement																				
Mailing Address 134 WINCHESTER ROAD S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City LONDON State KY Zip Code 40744	Amount of Each Disbursement this Period																				
Purpose of Disbursement PARKING Candidate Name	<table border="1"> <tr> <td colspan="10">14.84</td> </tr> </table>	14.84																			
14.84																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

20.84

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1247 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) KEVIN R. SMITH			Transaction ID: 2009M02L21A00801 Date of Disbursement																					
	Mailing Address 134 WINCHESTER ROAD S			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		1	5		2	0	0	9															
	City LONDON State KY Zip Code 40744			Amount of Each Disbursement this Period																					
Purpose of Disbursement PARKING			<table border="1"> <tr> <td colspan="10">29.00</td> </tr> </table>		29.00																				
29.00																									
Candidate Name			Category/ Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
B.	Full Name (Last, First, Middle Initial) KEVIN R. SMITH			Transaction ID: 2009M02L21A00802 Date of Disbursement																					
	Mailing Address 134 WINCHESTER ROAD S			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		2	2		2	0	0	9															
	City LONDON State KY Zip Code 40744			Amount of Each Disbursement this Period																					
Purpose of Disbursement TIPS			<table border="1"> <tr> <td colspan="10">2.00</td> </tr> </table>		2.00																				
2.00																									
Candidate Name			Category/ Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
C.	Full Name (Last, First, Middle Initial) SMS DIRECT, INC.			Transaction ID: 2009M02L21A00803 Date of Disbursement																					
	Mailing Address 7540 MASON KING COURT			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		2	9		2	0	0	9															
	City MANASSAS State VA Zip Code 20109			Amount of Each Disbursement this Period																					
Purpose of Disbursement DATA PROCESSING			<table border="1"> <tr> <td colspan="10">5462.27</td> </tr> </table>		5462.27																				
5462.27																									
Candidate Name			Category/ Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Disbursements This Page (optional)

5493.27

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1249 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00807 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
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City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">0.11</td> </tr> </table>	0.11																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00808 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
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City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">0.11</td> </tr> </table>	0.11																			
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C. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00809 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
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City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
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SUBTOTAL of Disbursements This Page (optional)

0.33

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1250 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) SNOW VALLEY, INC			Transaction ID: 2009M02L21A00810 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9	
	Mailing Address 16200 BRANCH CT			Amount of Each Disbursement this Period 0.12	
	City UPPER MARLBORO	State MD	Zip Code 20774		
	Purpose of Disbursement OFFICE SUPPLIES		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:	
B.	Full Name (Last, First, Middle Initial) SNOW VALLEY, INC			Transaction ID: 2009M02L21A00811 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9	
	Mailing Address 16200 BRANCH CT			Amount of Each Disbursement this Period 3.50	
	City UPPER MARLBORO	State MD	Zip Code 20774		
	Purpose of Disbursement OFFICE SUPPLIES		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:	
C.	Full Name (Last, First, Middle Initial) SNOW VALLEY, INC			Transaction ID: 2009M02L21A00812 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9	
	Mailing Address 16200 BRANCH CT			Amount of Each Disbursement this Period 3.50	
	City UPPER MARLBORO	State MD	Zip Code 20774		
	Purpose of Disbursement OFFICE SUPPLIES		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:	

SUBTOTAL of Disbursements This Page (optional)

7.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1251 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00813 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
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City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td colspan="10">3.50</td> </tr> </table>	3.50																			
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Candidate Name	Category/ Type																				
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B. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00814 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
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City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td colspan="10">3.50</td> </tr> </table>	3.50																			
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C. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00815 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
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City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
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SUBTOTAL of Disbursements This Page (optional)

10.50

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1253 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00819 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
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City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td colspan="10">3.51</td> </tr> </table>	3.51																			
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Candidate Name	Category/ Type																				
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B. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00820 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
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City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td colspan="10">3.51</td> </tr> </table>	3.51																			
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C. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00821 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
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City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
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Candidate Name	Category/ Type																				
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SUBTOTAL of Disbursements This Page (optional)

10.53

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1254 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00822 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
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0	1		1	5		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">3.51</td> </tr> </table>	3.51																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00823 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
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0	1		1	5		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">3.51</td> </tr> </table>	3.51																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00824 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
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City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

10.53

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 1255 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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A. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00825 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
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City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">3.51</td> </tr> </table>	3.51																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00826 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
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City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
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3.51																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00827 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">3.51</td> </tr> </table>	3.51																			
3.51																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

10.53

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1256 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

SNOW VALLEY, INC

Mailing Address 16200 BRANCH CT

City State Zip Code
UPPER MARLBORO MD 20774Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00828

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

4.61

B.

Full Name (Last, First, Middle Initial)

SNOW VALLEY, INC

Mailing Address 16200 BRANCH CT

City State Zip Code
UPPER MARLBORO MD 20774Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00829

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

7.00

C.

Full Name (Last, First, Middle Initial)

SNOW VALLEY, INC

Mailing Address 16200 BRANCH CT

City State Zip Code
UPPER MARLBORO MD 20774Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00830

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

13.61

SUBTOTAL of Disbursements This Page (optional)

25.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1257 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00831 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">13.72</td> </tr> </table>	13.72																			
13.72																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00832 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">18.12</td> </tr> </table>	18.12																			
18.12																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00833 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">22.61</td> </tr> </table>	22.61																			
22.61																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

54.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1258 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00834 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">22.62</td> </tr> </table>	22.62																			
22.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00835 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">40.61</td> </tr> </table>	40.61																			
40.61																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00836 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">40.62</td> </tr> </table>	40.62																			
40.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

103.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1259 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) SNOW VALLEY, INC			Transaction ID: 2009M02L21A00837	
	Mailing Address 16200 BRANCH CT			Date of Disbursement	
				<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>	
	City UPPER MARLBORO State MD Zip Code 20774 Purpose of Disbursement OFFICE SUPPLIES Candidate Name			Amount of Each Disbursement this Period <div>49.62</div>	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			<div>Category/Type</div>	
B.	Full Name (Last, First, Middle Initial) SNOW VALLEY, INC			Transaction ID: 2009M02L21A00838	
	Mailing Address 16200 BRANCH CT			Date of Disbursement	
				<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>	
	City UPPER MARLBORO State MD Zip Code 20774 Purpose of Disbursement OFFICE SUPPLIES Candidate Name			Amount of Each Disbursement this Period <div>58.61</div>	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			<div>Category/Type</div>	
C.	Full Name (Last, First, Middle Initial) SNOW VALLEY, INC			Transaction ID: 2009M02L21A00839	
	Mailing Address 16200 BRANCH CT			Date of Disbursement	
				<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>	
	City UPPER MARLBORO State MD Zip Code 20774 Purpose of Disbursement OFFICE SUPPLIES Candidate Name			Amount of Each Disbursement this Period <div>72.11</div>	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			<div>Category/Type</div>	

SUBTOTAL of Disbursements This Page (optional)

180.34

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1260 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

SNOW VALLEY, INC

Mailing Address 16200 BRANCH CT

City State Zip Code
UPPER MARLBORO MD 20774Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00840

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Disbursement this Period

81.11

B.

Full Name (Last, First, Middle Initial)

SNOW VALLEY, INC

Mailing Address 16200 BRANCH CT

City State Zip Code
UPPER MARLBORO MD 20774Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00841

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Disbursement this Period

90.11

C.

Full Name (Last, First, Middle Initial)

SNOW VALLEY, INC

Mailing Address 16200 BRANCH CT

City State Zip Code
UPPER MARLBORO MD 20774Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00842

Date of Disbursement

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Amount of Each Disbursement this Period

117.11

SUBTOTAL of Disbursements This Page (optional)

288.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1261 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SNOW VALLEY, INC	Transaction ID: 2009M02L21A00843 Date of Disbursement																				
Mailing Address 16200 BRANCH CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">121.61</td> </tr> </table>	121.61																			
121.61																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SOUND CENTRAL, LLC	Transaction ID: 2009M02L21A00844 Date of Disbursement																				
Mailing Address 1230 POPLAR AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City SUPERIOR State WI Zip Code 54880	Amount of Each Disbursement this Period																				
Purpose of Disbursement PRODUCTION COSTS Candidate Name	<table border="1"> <tr> <td colspan="10">459639.21</td> </tr> </table>	459639.21																			
459639.21																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MELISSA SOUSA	Transaction ID: 2009M02L21A00845 Date of Disbursement																				
Mailing Address 3813 COURTLAND CIRCLE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22305	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">4.39</td> </tr> </table>	4.39																			
4.39																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

459765.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1262 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) STARBUCKS, WILMINGTON DE	Transaction ID: 2009M02L21A00845M Date of Disbursement																				
Mailing Address 1737 MARSH RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WILMINGTON State DE Zip Code 19810	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">4.39</td> </tr> </table>	4.39																			
4.39																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MELISSA SOUSA	Transaction ID: 2009M02L21A00846 Date of Disbursement																				
Mailing Address 3813 COURTLAND CIRCLE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22305	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">5.23</td> </tr> </table>	5.23																			
5.23																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) DUNKIN DONUTS, WILMINGTON DE	Transaction ID: 2009M02L21A00846M Date of Disbursement																				
Mailing Address 3001 LANCASTER AVE]	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WILMINGTON State DE Zip Code 19805	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">5.23</td> </tr> </table>	5.23																			
5.23																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MELISSA SOUSA Mailing Address 3813 COURTLAND CIRCLE	Transaction ID: 2009M02L21A00847 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22305 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>6.90</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) BREW HAHHA! Mailing Address 1812 MARSH RD City WILMINGTON State DE Zip Code 19807 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00847M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>6.90</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) MELISSA SOUSA Mailing Address 3813 COURTLAND CIRCLE City ALEXANDRIA State VA Zip Code 22305 Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00848 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>9.58</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

16.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SALADWORKS CAFE, WILMINGTON DE	Transaction ID: 2009M02L21A00848M Date of Disbursement
Mailing Address 4127 CONCORD PIKE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City WILMINGTON State DE Zip Code 19803	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div> <div></div> <div>9.58</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) MELISSA SOUSA	Transaction ID: 2009M02L21A00849 Date of Disbursement
Mailing Address 3813 COURTLAND CIRCLE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22305	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div> <div></div> <div>16.90</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) WAWA, BRANDYWINE DE	Transaction ID: 2009M02L21A00849M Date of Disbursement
Mailing Address 400 A WILSON RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City BRANDYWINE State DE Zip Code 19803	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div> <div></div> <div>16.90</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

16.90

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1266 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MELISSA SOUSA Mailing Address 3813 COURTLAND CIRCLE	Transaction ID: 2009M02L21A00852 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22305 Purpose of Disbursement TOLLS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>17.00</div>
B. Full Name (Last, First, Middle Initial) SOUTH DAKOTA SECRETARY OF ST Mailing Address 500 EAST CAPITOL STE 204 City PIERRE State SD Zip Code 57501 Purpose of Disbursement VOTER DATA Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00853 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>
C. Full Name (Last, First, Middle Initial) SPECIAL EVENT MANAGEMENT Mailing Address SERVICES LLC PO BOX 7056 City FAIRFAX STATION State VA Zip Code 22039 Purpose of Disbursement TRANSPORTATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00854 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2120.00</div>

SUBTOTAL of Disbursements This Page (optional)

4637.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) SPRINT			Transaction ID: 2009M02L21A00855 Date of Disbursement																					
	Mailing Address P O BOX 105243			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		0	9		2	0	0	9															
	City ATLANTA State GA Zip Code 30348-5243			Amount of Each Disbursement this Period																					
Purpose of Disbursement TELEPHONE CHARGES			<table border="1"> <tr> <td colspan="10">59.99</td> </tr> </table>		59.99																				
59.99																									
Candidate Name																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																						
State: District:			<input type="checkbox"/> Other (specify) ▼																						
B.	Full Name (Last, First, Middle Initial) SPRINT			Transaction ID: 2009M02L21A00856 Date of Disbursement																					
	Mailing Address P O BOX 105243			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		0	9		2	0	0	9															
	City ATLANTA State GA Zip Code 30348-5243			Amount of Each Disbursement this Period																					
Purpose of Disbursement TELEPHONE CHARGES			<table border="1"> <tr> <td colspan="10">59.99</td> </tr> </table>		59.99																				
59.99																									
Candidate Name																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																						
State: District:			<input type="checkbox"/> Other (specify) ▼																						
C.	Full Name (Last, First, Middle Initial) SPRINT			Transaction ID: 2009M02L21A00857 Date of Disbursement																					
	Mailing Address P O BOX 105243			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		0	9		2	0	0	9															
	City ATLANTA State GA Zip Code 30348-5243			Amount of Each Disbursement this Period																					
Purpose of Disbursement TELEPHONE CHARGES			<table border="1"> <tr> <td colspan="10">59.99</td> </tr> </table>		59.99																				
59.99																									
Candidate Name																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																						
State: District:			<input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Disbursements This Page (optional)

179.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243	Transaction ID: 2009M02L21A00858 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>59.99</div>
B. Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00859 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>59.99</div>
C. Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00860 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>59.99</div>

SUBTOTAL of Disbursements This Page (optional)

179.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1269 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SPRINT

Mailing Address **P O BOX 105243**

City
ATLANTA

State
GA

Zip Code
30348-5243

Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00861

Date of Disbursement

/ /

Amount of Each Disbursement this Period

59.99

B.

Full Name (Last, First, Middle Initial)

SPRINT

Mailing Address **P O BOX 105243**

City
ATLANTA

State
GA

Zip Code
30348-5243

Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00862

Date of Disbursement

/ /

Amount of Each Disbursement this Period

59.99

C.

Full Name (Last, First, Middle Initial)

SPRINT

Mailing Address **P O BOX 105243**

City
ATLANTA

State
GA

Zip Code
30348-5243

Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00863

Date of Disbursement

/ /

Amount of Each Disbursement this Period

59.99

SUBTOTAL of Disbursements This Page (optional)

179.97

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1270 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) SPRINT			Transaction ID: 2009M02L21A00864																					
	Mailing Address P O BOX 105243			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		2	9		2	0	0	9															
City ATLANTA State GA Zip Code 30348-5243			Amount of Each Disbursement this Period																						
Purpose of Disbursement TELEPHONE CHARGES Candidate Name			<table border="1"> <tr> <td colspan="10">59.99</td> </tr> </table>		59.99																				
59.99																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
B.	Full Name (Last, First, Middle Initial) SPRINT			Transaction ID: 2009M02L21A00865																					
	Mailing Address P O BOX 105243			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		2	9		2	0	0	9															
City ATLANTA State GA Zip Code 30348-5243			Amount of Each Disbursement this Period																						
Purpose of Disbursement TELEPHONE CHARGES Candidate Name			<table border="1"> <tr> <td colspan="10">59.99</td> </tr> </table>		59.99																				
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
C.	Full Name (Last, First, Middle Initial) SPRINT			Transaction ID: 2009M02L21A00866																					
	Mailing Address P O BOX 105243			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		2	9		2	0	0	9															
City ATLANTA State GA Zip Code 30348-5243			Amount of Each Disbursement this Period																						
Purpose of Disbursement TELEPHONE CHARGES Candidate Name			<table border="1"> <tr> <td colspan="10">59.99</td> </tr> </table>		59.99																				
59.99																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Disbursements This Page (optional)

179.97

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) SPRINT			Transaction ID: 2009M02L21A00867																					
	Mailing Address P O BOX 105243			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		2	9		2	0	0	9															
City ATLANTA State GA Zip Code 30348-5243			Amount of Each Disbursement this Period																						
Purpose of Disbursement TELEPHONE CHARGES Candidate Name			<table border="1"> <tr> <td colspan="10">59.99</td> </tr> </table>		59.99																				
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
B.	Full Name (Last, First, Middle Initial) SPRINT			Transaction ID: 2009M02L21A00868																					
	Mailing Address P O BOX 105243			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		2	9		2	0	0	9															
City ATLANTA State GA Zip Code 30348-5243			Amount of Each Disbursement this Period																						
Purpose of Disbursement TELEPHONE CHARGES Candidate Name			<table border="1"> <tr> <td colspan="10">59.99</td> </tr> </table>		59.99																				
59.99																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
C.	Full Name (Last, First, Middle Initial) SPRINT			Transaction ID: 2009M02L21A00869																					
	Mailing Address P O BOX 105243			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		2	9		2	0	0	9															
City ATLANTA State GA Zip Code 30348-5243			Amount of Each Disbursement this Period																						
Purpose of Disbursement TELEPHONE CHARGES Candidate Name			<table border="1"> <tr> <td colspan="10">59.99</td> </tr> </table>		59.99																				
59.99																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Disbursements This Page (optional)

179.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1272 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SPRINT <hr/> Mailing Address P O BOX 105243	Transaction ID: 2009M02L21A00870 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
<div> <div>City ATLANTA State GA Zip Code 30348-5243</div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>59.99</div>
B. Full Name (Last, First, Middle Initial) SPRINT <hr/> Mailing Address P O BOX 105243	Transaction ID: 2009M02L21A00871 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
<div> <div>City ATLANTA State GA Zip Code 30348-5243</div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>70.99</div>
C. Full Name (Last, First, Middle Initial) SPRINT <hr/> Mailing Address P O BOX 105243	Transaction ID: 2009M02L21A00872 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
<div> <div>City ATLANTA State GA Zip Code 30348-5243</div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>105.45</div>

SUBTOTAL of Disbursements This Page (optional) ►

236.43

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243	Transaction ID: 2009M02L21A00873 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement TELEPHONE CHARGES Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>119.98</div>
B. Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243	Transaction ID: 2009M02L21A00874 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement TELEPHONE CHARGES Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>119.98</div>
C. Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243	Transaction ID: 2009M02L21A00875 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement TELEPHONE CHARGES Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>119.98</div>

SUBTOTAL of Disbursements This Page (optional)

359.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SPRINT

Mailing Address **P O BOX 105243**

City
ATLANTA

State
GA

Zip Code
30348-5243

Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00876

Date of Disbursement

/ /

Amount of Each Disbursement this Period

119.98

B.

Full Name (Last, First, Middle Initial)

SPRINT

Mailing Address **P O BOX 105243**

City
ATLANTA

State
GA

Zip Code
30348-5243

Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00877

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.20

C.

Full Name (Last, First, Middle Initial)

SPRINT

Mailing Address **P O BOX 105243**

City
ATLANTA

State
GA

Zip Code
30348-5243

Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00878

Date of Disbursement

/ /

Amount of Each Disbursement this Period

130.76

SUBTOTAL of Disbursements This Page (optional)

370.94

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1276 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243	Transaction ID: 2009M02L21A00882 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>250.74</div>
B. Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00883 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>251.19</div>
C. Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00884 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>290.60</div>

SUBTOTAL of Disbursements This Page (optional)

792.53

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1277 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243	Transaction ID: 2009M02L21A00885 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>304.06</div>
B. Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00886 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>446.37</div>
C. Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00887 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>480.49</div>

SUBTOTAL of Disbursements This Page (optional)

1230.92

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SPRINT <hr/> Mailing Address P O BOX 105243 <hr/> <div style="display: flex; justify-content: space-between;"> City ATLANTA State GA Zip Code 30348-5243 </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 55%;"> Purpose of Disbursement TELEPHONE CHARGES <hr/> Candidate Name </div> <div style="width: 10%; text-align: center;"> <input type="text"/> <input type="text"/> Category/ Type </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div style="width: 65%;"> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	Transaction ID: 2009M02L21A00888 Date of Disbursement <div style="display: flex; justify-content: space-around; font-family: monospace;"> M M / D D / Y Y Y Y </div> <div style="display: flex; justify-content: space-around;"> 0 1 2 9 2 0 0 9 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right; margin-top: 10px;"> 491.20 </div>
B. Full Name (Last, First, Middle Initial) SPRINT <hr/> Mailing Address P O BOX 105243 <hr/> <div style="display: flex; justify-content: space-between;"> City ATLANTA State GA Zip Code 30348-5243 </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 55%;"> Purpose of Disbursement TELEPHONE CHARGES <hr/> Candidate Name </div> <div style="width: 10%; text-align: center;"> <input type="text"/> <input type="text"/> Category/ Type </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div style="width: 65%;"> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	Transaction ID: 2009M02L21A00889 Date of Disbursement <div style="display: flex; justify-content: space-around; font-family: monospace;"> M M / D D / Y Y Y Y </div> <div style="display: flex; justify-content: space-around;"> 0 1 2 9 2 0 0 9 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right; margin-top: 10px;"> 590.23 </div>
C. Full Name (Last, First, Middle Initial) SPRINT <hr/> Mailing Address P O BOX 105243 <hr/> <div style="display: flex; justify-content: space-between;"> City ATLANTA State GA Zip Code 30348-5243 </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 55%;"> Purpose of Disbursement TELEPHONE CHARGES <hr/> Candidate Name </div> <div style="width: 10%; text-align: center;"> <input type="text"/> <input type="text"/> Category/ Type </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div style="width: 65%;"> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	Transaction ID: 2009M02L21A00890 Date of Disbursement <div style="display: flex; justify-content: space-around; font-family: monospace;"> M M / D D / Y Y Y Y </div> <div style="display: flex; justify-content: space-around;"> 0 1 2 9 2 0 0 9 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right; margin-top: 10px;"> 603.11 </div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> SUBTOTAL of Disbursements This Page (optional) ▶ </div> <div style="width: 30%; text-align: right;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">1684.54</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 65%;"> TOTAL This Period (last page this line number only) ▶ </div> <div style="width: 30%; text-align: right;"> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> </div>	

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SPRINT	Transaction ID: 2009M02L21A00891 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">D 09</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>
Mailing Address P O BOX 105243	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right; font-size: 1.2em;">708.42</div>
<div style="display: flex; justify-content: space-between;"> City ATLANTA State GA Zip Code 30348-5243 </div>	
Purpose of Disbursement TELEPHONE CHARGES	
Candidate Name	
<div style="border: 1px solid black; padding: 2px; text-align: center;">Category/ Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SPRINT	
Mailing Address P O BOX 105243	Transaction ID: 2009M02L21A00892 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">D 29</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>
City ATLANTA	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right; font-size: 1.2em;">720.98</div>
<div style="display: flex; justify-content: space-between;"> State GA Zip Code 30348-5243 </div>	
Purpose of Disbursement TELEPHONE CHARGES	
Candidate Name	
<div style="border: 1px solid black; padding: 2px; text-align: center;">Category/ Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SPRINT	
Mailing Address P O BOX 105243	Transaction ID: 2009M02L21A00893 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">D 09</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>
City ATLANTA	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right; font-size: 1.2em;">780.75</div>
<div style="display: flex; justify-content: space-between;"> State GA Zip Code 30348-5243 </div>	
Purpose of Disbursement TELEPHONE CHARGES	
Candidate Name	
<div style="border: 1px solid black; padding: 2px; text-align: center;">Category/ Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional) ▶	
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

BILL STEINER

Mailing Address 2328 HUIDEKOPER PLACE NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
AIR FARE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00894

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

339.60

B.

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 5620 UNIVERSITY PKWY

City WINSTON SALEM State NC Zip Code 27105

Purpose of Disbursement
AIR FARE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00894M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

339.60

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

BILL STEINER

Mailing Address 2328 HUIDEKOPER PLACE NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00895

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Amount of Each Disbursement this Period

194.77

SUBTOTAL of Disbursements This Page (optional)

534.37

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) COURTYARD MARRIOTT CHARLOTTE	Transaction ID: 2009M02L21A00895M Date of Disbursement																				
Mailing Address 2700 LITTLE ROCK ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City CHARLOTTE State NC Zip Code 28214	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>194.77</td> </tr> </table>	194.77																			
194.77																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BILL STEINER	Transaction ID: 2009M02L21A00896 Date of Disbursement																				
Mailing Address 2328 HUIDEKOPER PLACE NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>208.69</td> </tr> </table>	208.69																			
208.69																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ALBUQUERQUE MARRIOTT PYRAMID	Transaction ID: 2009M02L21A00896M Date of Disbursement																				
Mailing Address 5151 SAN FRANCISCO R	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City ALBUQUERQUE State NM Zip Code 87109	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>208.69</td> </tr> </table>	208.69																			
208.69																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

208.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BILL STEINER	Transaction ID: 2009M02L21A00897 Date of Disbursement
Mailing Address 2328 HUIDEKOPER PLACE NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>234.17</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MARRIOTT ST LOUIS AIRPORT	Transaction ID: 2009M02L21A00897M Date of Disbursement
Mailing Address 10700 PEAR TREE LANE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City ST LOUIS State MO Zip Code 63134	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING	<div>234.17</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BILL STEINER	Transaction ID: 2009M02L21A00898 Date of Disbursement
Mailing Address 2328 HUIDEKOPER PLACE NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div>13.44</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

247.61

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DICKEY'S BBQ PIT, DALLAS TX	Transaction ID: 2009M02L21A00898M Date of Disbursement
Mailing Address 3200 E AIRFIELD DR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City DALLAS State TX Zip Code 75261	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div> <div></div> <div>13.44</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) BILL STEINER	Transaction ID: 2009M02L21A00899 Date of Disbursement
Mailing Address 2328 HUIDEKOPER PLACE NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div> <div></div> <div>26.26</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) AXEL'S BONFIRE, CAGAN MN	Transaction ID: 2009M02L21A00899M Date of Disbursement
Mailing Address 1555 CALIFF ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City CAGAN State MN Zip Code 55121	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div> <div></div> <div>26.26</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

26.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BILL STEINER	Transaction ID: 2009M02L21A00900 Date of Disbursement
Mailing Address 2328 HUIDEKOPER PLACE NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period
Purpose of Disbursement PARKING Candidate Name	<div>60.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
B. Full Name (Last, First, Middle Initial) BILL STEINER	Transaction ID: 2009M02L21A00901 Date of Disbursement
Mailing Address 2328 HUIDEKOPER PLACE NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period
Purpose of Disbursement TAXI Candidate Name	<div>85.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
C. Full Name (Last, First, Middle Initial) BILL STEINER	Transaction ID: 2009M02L21A00902 Date of Disbursement
Mailing Address 2328 HUIDEKOPER PLACE NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period
Purpose of Disbursement TAXI Candidate Name	<div>86.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional)

231.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	Transaction ID: 2009M02L21A00905 Date of Disbursement																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td colspan="10">266.50</td> </tr> </table>	266.50																			
266.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	Transaction ID: 2009M02L21A00906 Date of Disbursement																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td colspan="10">352.00</td> </tr> </table>	352.00																			
352.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	Transaction ID: 2009M02L21A00907 Date of Disbursement																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td colspan="10">448.00</td> </tr> </table>	448.00																			
448.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1066.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	Transaction ID: 2009M02L21A00908 Date of Disbursement
Mailing Address 7591 9TH STREET NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period
Purpose of Disbursement TELEMARKETING	<div>495.50</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	Transaction ID: 2009M02L21A00909 Date of Disbursement
Mailing Address 7591 9TH STREET NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period
Purpose of Disbursement TELEMARKETING	<div>701.50</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	Transaction ID: 2009M02L21A00910 Date of Disbursement
Mailing Address 7591 9TH STREET NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period
Purpose of Disbursement TELEMARKETING	<div>825.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2022.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	Transaction ID: 2009M02L21A00911 Date of Disbursement																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>857.50</td> </tr> </table>	857.50																			
857.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	Transaction ID: 2009M02L21A00912 Date of Disbursement																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>1622.00</td> </tr> </table>	1622.00																			
1622.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	Transaction ID: 2009M02L21A00913 Date of Disbursement																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>1837.00</td> </tr> </table>	1837.00																			
1837.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4316.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	Transaction ID: 2009M02L21A00914 Date of Disbursement																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>1855.00</td> </tr> </table>	1855.00																			
1855.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	Transaction ID: 2009M02L21A00915 Date of Disbursement																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>2781.50</td> </tr> </table>	2781.50																			
2781.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	Transaction ID: 2009M02L21A00916 Date of Disbursement																				
Mailing Address 7591 9TH STREET NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>5465.00</td> </tr> </table>	5465.00																			
5465.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

10101.50

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
STRATEGIC FUNDRAISING

Mailing Address 7591 9TH STREET NORTH

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
TELEMARKETING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00917
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Disbursement this Period

5650.00

B.Full Name (Last, First, Middle Initial)
STRATEGIC FUNDRAISING

Mailing Address 7591 9TH STREET NORTH

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
TELEMARKETING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00918
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Disbursement this Period

7837.50

C.Full Name (Last, First, Middle Initial)
STRATEGIC FUNDRAISING

Mailing Address 7591 9TH STREET NORTH

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
TELEMARKETING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00919
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Disbursement this Period

9545.00

SUBTOTAL of Disbursements This Page (optional)

23032.50

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
STRATEGIC FUNDRAISING

Mailing Address 7591 9TH STREET NORTH

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
TELEMARKETING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00920
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Disbursement this Period

15320.00

B.Full Name (Last, First, Middle Initial)
STRATEGIC FUNDRAISING

Mailing Address 7591 9TH STREET NORTH

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
TELEMARKETING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00921
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Disbursement this Period

16560.00

C.Full Name (Last, First, Middle Initial)
STRATEGIC FUNDRAISING

Mailing Address 7591 9TH STREET NORTH

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
TELEMARKETING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00922
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

26229.00

SUBTOTAL of Disbursements This Page (optional)

58109.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	Transaction ID: 2009M02L21A00923 Date of Disbursement
Mailing Address 7591 9TH STREET NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period
Purpose of Disbursement TELEMARKETING	<div>30000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	Transaction ID: 2009M02L21A00924 Date of Disbursement
Mailing Address 7591 9TH STREET NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period
Purpose of Disbursement TELEMARKETING	<div>48518.60</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	Transaction ID: 2009M02L21A00925 Date of Disbursement
Mailing Address 7591 9TH STREET NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period
Purpose of Disbursement TELEMARKETING	<div>51334.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

129853.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	Transaction ID: 2009M02L21A00926 Date of Disbursement
Mailing Address 7591 9TH STREET NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period
Purpose of Disbursement TELEMARKETING	<div>98389.20</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ST REGIS, WASHINGTON DC	Transaction ID: 2009M02L21A00927 Date of Disbursement
Mailing Address 923 16TH AND K ST NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING/VENUE RENTAL	<div>26914.93</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) STROZ FRIEDBERG,LLC	Transaction ID: 2009M02L21A00928 Date of Disbursement
Mailing Address 32 AVENUE OF THE AMERICAS 4TH FLOOR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City NEW YORK State NY Zip Code 10013	Amount of Each Disbursement this Period
Purpose of Disbursement LEGAL CONSULTING	<div>24959.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

150263.63

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) STURGILL, LLC	Transaction ID: 2009M02L21A00929 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address 8180 LARK BROWN ROAD SUITE 201	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">4500.00</div>	
City ELKRIDGE State MD Zip Code 20175		
<div style="flex: 1;"> Purpose of Disbursement AUDIT SERVICES </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;"> Category/ Type </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) SUPERIOR EVENT CONSTRUCTION		Transaction ID: 2009M02L21A00930 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">D 09</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>
Mailing Address 6710 EAST STATE RD 13	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">66294.97</div>	
City SOUTH RANGE State WI Zip Code 54874		
<div style="flex: 1;"> Purpose of Disbursement EQUIPMENT RENTAL </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;"> Category/ Type </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) NICHOLAS TALBERT		Transaction ID: 2009M02L21A00931 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">D 09</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>
Mailing Address FREDERICKSBURG SHERIFF'S OFF 513 PRINCE EDWARD STREET,SUITE 202	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">720.00</div>	
City FREDERICKSBURG State VA Zip Code 22401		
<div style="flex: 1;"> Purpose of Disbursement SECURITY COST </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;"> Category/ Type </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional) ▶		<div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">71514.97</div>
TOTAL This Period (last page this line number only) ▶		<div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">71514.97</div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) THEATRE SERVICES, INC.	Transaction ID: 2009M02L21A00932 Date of Disbursement																				
Mailing Address 1508 BLUE MEADOW RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	0	9												
City POTOMAC State MD Zip Code 20854	Amount of Each Disbursement this Period																				
Purpose of Disbursement USHER SERVICES	<table border="1"> <tr> <td colspan="10">1250.00</td> </tr> </table>	1250.00																			
1250.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) THOMAS GRAPHICS	Transaction ID: 2009M02L21A00933 Date of Disbursement																				
Mailing Address P O BOX 142226	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City AUSTIN State TX Zip Code 78714	Amount of Each Disbursement this Period																				
Purpose of Disbursement PRINTING COST	<table border="1"> <tr> <td colspan="10">12631.78</td> </tr> </table>	12631.78																			
12631.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) THOMPSON WEST	Transaction ID: 2009M02L21A00934 Date of Disbursement																				
Mailing Address WEST PAYMENT CENTER PO BOX 6292	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City CAROL STREAM State IL Zip Code 60197	Amount of Each Disbursement this Period																				
Purpose of Disbursement ONLINE CHARGES	<table border="1"> <tr> <td colspan="10">5272.71</td> </tr> </table>	5272.71																			
5272.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

19154.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) THRIFTY CAR RENTAL-GRAND JCT.	Transaction ID: 2009M02L21A00935 Date of Disbursement																				
Mailing Address 750 1/4 HORIZON DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City GRAND JUNCTION State CO Zip Code 81506	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>1</td><td>5</td><td>.</td><td>0</td><td>0</td> </tr> </table>	4	1	5	.	0	0														
4	1	5	.	0	0																
Purpose of Disbursement CAR RENTAL Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) TINSLEY FOR CONGRESS	Transaction ID: 2009M02L21A00936 Date of Disbursement																				
Mailing Address PO BOX 708	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	3		2	0	0	9												
City CAPITAN State NM Zip Code 88316	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>0</td><td>4</td><td>8</td><td>8</td><td>.</td><td>1</td><td>7</td> </tr> </table>	1	0	4	8	8	.	1	7												
1	0	4	8	8	.	1	7														
Purpose of Disbursement EXCESS TRIP FUNDS Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) TINY JEWEL BOX	Transaction ID: 2009M02L21A00937 Date of Disbursement																				
Mailing Address 1145 CONNECTICUT AVE 2ND FLOOR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>.</td><td>3</td><td>2</td> </tr> </table>	2	5	0	.	3	2														
2	5	0	.	3	2																
Purpose of Disbursement DELIVERY COST Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

11153.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TINY JEWEL BOX	Transaction ID: 2009M02L21A00938 Date of Disbursement																				
Mailing Address 1145 CONNECTICUT AVE 2ND FLOOR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">423.00</td> </tr> </table>	423.00																			
423.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) TINY JEWEL BOX	Transaction ID: 2009M02L21A00939 Date of Disbursement																				
Mailing Address 1145 CONNECTICUT AVE 2ND FLOOR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">570.35</td> </tr> </table>	570.35																			
570.35																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) TODD ALLAN PRINTING	Transaction ID: 2009M02L21A00940 Date of Disbursement																				
Mailing Address 5760 SUNNYSIDE AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City BELTSVILLE State MD Zip Code 20705	Amount of Each Disbursement this Period																				
Purpose of Disbursement PRINTING COST Candidate Name	<table border="1"> <tr> <td colspan="10">475.00</td> </tr> </table>	475.00																			
475.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1468.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TODD ALLAN PRINTING	Transaction ID: 2009M02L21A00941 Date of Disbursement																				
Mailing Address 5760 SUNNYSIDE AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City BELTSVILLE State MD Zip Code 20705	Amount of Each Disbursement this Period																				
Purpose of Disbursement PRINTING COST	<table border="1"> <tr> <td>742.00</td> </tr> </table>	742.00																			
742.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) TODD ALLAN PRINTING	Transaction ID: 2009M02L21A00942 Date of Disbursement																				
Mailing Address 5760 SUNNYSIDE AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City BELTSVILLE State MD Zip Code 20705	Amount of Each Disbursement this Period																				
Purpose of Disbursement PRINTING COST	<table border="1"> <tr> <td>1469.00</td> </tr> </table>	1469.00																			
1469.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) TODD ALLAN PRINTING	Transaction ID: 2009M02L21A00943 Date of Disbursement																				
Mailing Address 5760 SUNNYSIDE AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City BELTSVILLE State MD Zip Code 20705	Amount of Each Disbursement this Period																				
Purpose of Disbursement PRINTING COST	<table border="1"> <tr> <td>1490.00</td> </tr> </table>	1490.00																			
1490.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3701.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

2938.00

7496.01

8161.36

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1301 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TRANSAMERICA LIFE INSURANCE Mailing Address 1150 SOUTH OLIVE STREET	Transaction ID: 2009M02L21A00950 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City LOS ANGELES State CA Zip Code 90015-2211 Purpose of Disbursement EMPLOYEE DEDUCTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>18364.67</td> </tr> </table>	18364.67																			
18364.67																					
B. Full Name (Last, First, Middle Initial) TRANSAMERICA LIFE INSURANCE Mailing Address 1150 SOUTH OLIVE STREET	Transaction ID: 2009M02L21A00951 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LOS ANGELES State CA Zip Code 90015-2211 Purpose of Disbursement EMPLOYEE DEDUCTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>19808.81</td> </tr> </table>	19808.81																			
19808.81																					
C. Full Name (Last, First, Middle Initial) TREASURER OF THE UNITED STATES Mailing Address WHITE HOUSE MGMT EEOB-RM 1	Transaction ID: 2009M02L21A00952 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20500 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>223.08</td> </tr> </table>	223.08																			
223.08																					

SUBTOTAL of Disbursements This Page (optional)

38396.56

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1302 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial)
TREASURER OF THE UNITED STATESMailing Address WHITE HOUSE MGMT
EEOB-RM 1

City WASHINGTON State DC Zip Code 20500

Purpose of Disbursement
AIR FARE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00953

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Amount of Each Disbursement this Period

445.75

B. Full Name (Last, First, Middle Initial)
TREASURER OF THE UNITED STATESMailing Address WHITE HOUSE MGMT
EEOB-RM 1

City WASHINGTON State DC Zip Code 20500

Purpose of Disbursement
AIR FARE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00954

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Amount of Each Disbursement this Period

658.88

C. Full Name (Last, First, Middle Initial)
TREASURER OF THE UNITED STATESMailing Address WHITE HOUSE MGMT
EEOB-RM 1

City WASHINGTON State DC Zip Code 20500

Purpose of Disbursement
PHOTO COST

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00955

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Amount of Each Disbursement this Period

1855.25

SUBTOTAL of Disbursements This Page (optional)

2959.88

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1303 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial)
TREASURER OF THE UNITED STATESMailing Address ATTN: DENNIS FREEMYER
7001 LAFAYETTE AVE

City RIVERDALE State MD Zip Code 20737

Purpose of Disbursement
FLOWERS,CALLIGRAPHY COST

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00956

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Amount of Each Disbursement this Period

3000.00

B. Full Name (Last, First, Middle Initial)
TRI-STATE ENVELOPE CORPORATION

Mailing Address 1 ORGLER PLACE

City ASHLAND State PA Zip Code 17921

Purpose of Disbursement
PRINTING COST

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00957

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

1594.40

C. Full Name (Last, First, Middle Initial)
TRI-STATE ENVELOPE CORPORATION

Mailing Address 1 ORGLER PLACE

City ASHLAND State PA Zip Code 17921

Purpose of Disbursement
PRINTING COST

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00958

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

2190.55

SUBTOTAL of Disbursements This Page (optional)

6784.95

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TRI-STATE ENVELOPE CORPORATION	Transaction ID: 2009M02L21A00959 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 29 / 2009</div> </div>	
Mailing Address 1 ORGLER PLACE	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">18335.51</div>	
<div>City ASHLAND</div> <div>State PA</div> <div>Zip Code 17921</div>		
<div style="flex: 1;"> Purpose of Disbursement PRINTING COST </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;"> Category/ Type </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		
B. Full Name (Last, First, Middle Initial) TRI-STATE ENVELOPE CORPORATION	Transaction ID: 2009M02L21A00960 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 29 / 2009</div> </div>	
Mailing Address 1 ORGLER PLACE	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">25191.40</div>	
<div>City ASHLAND</div> <div>State PA</div> <div>Zip Code 17921</div>		
<div style="flex: 1;"> Purpose of Disbursement PRINTING COST </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;"> Category/ Type </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		
C. Full Name (Last, First, Middle Initial) TV EYES, INC	Transaction ID: 2009M02L21A00961 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 22 / 2009</div> </div>	
Mailing Address 2150 POST ROAD	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">10800.00</div>	
<div>City FAIRFIELD</div> <div>State CT</div> <div>Zip Code 06824</div>		
<div style="flex: 1;"> Purpose of Disbursement SUBSCRIPTION </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;"> Category/ Type </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		
SUBTOTAL of Disbursements This Page (optional) ▶		<div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">54326.91</div>
TOTAL This Period (last page this line number only) ▶		<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1305 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
27 TOURS, INCMailing Address C/O SMITH,WILES & CO., P.C.
900 DIVISION STREET

City NASHVILLE State TN Zip Code 37203

Purpose of Disbursement
BUS TRANSPORTATION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00962

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

5000.00

B.Full Name (Last, First, Middle Initial)
UNITED AIRLINES

Mailing Address PO BOX 2013

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00963

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

40.00

C.Full Name (Last, First, Middle Initial)
UNITED AIRLINES

Mailing Address PO BOX 2013

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00964

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

194.50

SUBTOTAL of Disbursements This Page (optional)

5234.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1306 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) UNITED AIRLINES <hr/> Mailing Address PO BOX 2013	Transaction ID: 2009M02L21A00965 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
<div> <div>City CHICAGO State IL Zip Code 60673</div> <div> <div>Purpose of Disbursement AIR TRAVEL</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>359.90</div>
B. Full Name (Last, First, Middle Initial) UNITED AIRLINES <hr/> Mailing Address PO BOX 2013	Transaction ID: 2009M02L21A00966 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
<div> <div>City CHICAGO State IL Zip Code 60673</div> <div> <div>Purpose of Disbursement AIR TRAVEL</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>409.60</div>
C. Full Name (Last, First, Middle Initial) UNITED AIRLINES <hr/> Mailing Address PO BOX 2013	Transaction ID: 2009M02L21A00967 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
<div> <div>City CHICAGO State IL Zip Code 60673</div> <div> <div>Purpose of Disbursement AIR TRAVEL</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>807.60</div>

SUBTOTAL of Disbursements This Page (optional)

1577.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1307 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) UNITED AIRLINES <hr/> Mailing Address PO BOX 2013	Transaction ID: 2009M02L21A00968 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
<div> <div>City CHICAGO State IL Zip Code 60673</div> <div> <div>Purpose of Disbursement AIR TRAVEL</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>917.00</div>
B. Full Name (Last, First, Middle Initial) UNITED AIRLINES <hr/> Mailing Address PO BOX 2013	Transaction ID: 2009M02L21A00969 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
<div> <div>City CHICAGO State IL Zip Code 60673</div> <div> <div>Purpose of Disbursement AIR TRAVEL</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>996.00</div>
C. Full Name (Last, First, Middle Initial) UNITED AIRLINES <hr/> Mailing Address PO BOX 2013	Transaction ID: 2009M02L21A00970 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
<div> <div>City CHICAGO State IL Zip Code 60673</div> <div> <div>Purpose of Disbursement AIR TRAVEL</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>1485.00</div>

SUBTOTAL of Disbursements This Page (optional)

3398.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) UNITED AIRLINES <hr/> Mailing Address PO BOX 2013	Transaction ID: 2009M02L21A00971 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
<div> <div>City CHICAGO State IL Zip Code 60673</div> <div> <div>Purpose of Disbursement AIR TRAVEL</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>1558.40</div>
B. Full Name (Last, First, Middle Initial) UNITED AIRLINES <hr/> Mailing Address PO BOX 2013	Transaction ID: 2009M02L21A00972 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
<div> <div>City CHICAGO State IL Zip Code 60673</div> <div> <div>Purpose of Disbursement AIR TRAVEL</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>2542.30</div>
C. Full Name (Last, First, Middle Initial) UNITED AIRLINES <hr/> Mailing Address PO BOX 2013	Transaction ID: 2009M02L21A00973 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
<div> <div>City CHICAGO State IL Zip Code 60673</div> <div> <div>Purpose of Disbursement AIR TRAVEL</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>2687.00</div>

SUBTOTAL of Disbursements This Page (optional)

6787.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) UNITED AIRLINES <hr/> Mailing Address PO BOX 2013	Transaction ID: 2009M02L21A00974 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
<div> <div>City CHICAGO State IL Zip Code 60673</div> <div> <div>Purpose of Disbursement AIR TRAVEL</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>3119.69</div>
B. Full Name (Last, First, Middle Initial) UPS, PHILADELPHIA PA <hr/> Mailing Address P O BOX 7247-0244	Transaction ID: 2009M02L21A00975 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
<div> <div>City PHILADELPHIA State PA Zip Code 19170-0001</div> <div> <div>Purpose of Disbursement SHIPPING COST</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>464.04</div>
C. Full Name (Last, First, Middle Initial) UPS, PHILADELPHIA PA <hr/> Mailing Address P O BOX 7247-0244	Transaction ID: 2009M02L21A00976 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
<div> <div>City PHILADELPHIA State PA Zip Code 19170-0001</div> <div> <div>Purpose of Disbursement SHIPPING COST</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>2403.43</div>

SUBTOTAL of Disbursements This Page (optional) ►

5987.16

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1310 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

UPS, PHILADELPHIA PA

Mailing Address P O BOX 7247-0244

City
PHILADELPHIAState
PAZip Code
19170-0001Purpose of Disbursement
SHIPPING COST

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00977

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

2566.41

B.

Full Name (Last, First, Middle Initial)

UPS, PHILADELPHIA PA

Mailing Address P O BOX 7247-0244

City
PHILADELPHIAState
PAZip Code
19170-0001Purpose of Disbursement
SHIPPING COST

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00978

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Amount of Each Disbursement this Period

2625.12

C.

Full Name (Last, First, Middle Initial)

UPS, PHILADELPHIA PA

Mailing Address P O BOX 7247-0244

City
PHILADELPHIAState
PAZip Code
19170-0001Purpose of Disbursement
SHIPPING COST

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00979

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

2653.75

SUBTOTAL of Disbursements This Page (optional)

7845.28

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) UPS, PHILADELPHIA PA Mailing Address P O BOX 7247-0244	Transaction ID: 2009M02L21A00980 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19170-0001 Purpose of Disbursement SHIPPING COST Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>8012.05</div>
B. Full Name (Last, First, Middle Initial) US POSTMASTER -WASHINGTON, DC Mailing Address 900 BRENTWOOD RD, NE City WASHINGTON State DC Zip Code 20066 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00981 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>5000.00</div>
C. Full Name (Last, First, Middle Initial) US POSTMASTER -WASHINGTON, DC Mailing Address 900 BRENTWOOD RD, NE City WASHINGTON State DC Zip Code 20066 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00982 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>5000.00</div>

SUBTOTAL of Disbursements This Page (optional)

18012.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1312 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) US POSTMASTER -WASHINGTON, DC	Transaction ID: 2009M02L21A00983 Date of Disbursement																				
Mailing Address 900 BRENTWOOD RD, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20066	Amount of Each Disbursement this Period																				
Purpose of Disbursement POSTAGE	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) US POSTMASTER -WASHINGTON, DC	Transaction ID: 2009M02L21A00984 Date of Disbursement																				
Mailing Address 900 BRENTWOOD RD, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20066	Amount of Each Disbursement this Period																				
Purpose of Disbursement POSTAGE	<table border="1"> <tr> <td>20000.00</td> </tr> </table>	20000.00																			
20000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) US POSTMASTER -WASHINGTON, DC	Transaction ID: 2009M02L21A00985 Date of Disbursement																				
Mailing Address 900 BRENTWOOD RD, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20066	Amount of Each Disbursement this Period																				
Purpose of Disbursement POSTAGE	<table border="1"> <tr> <td>30000.00</td> </tr> </table>	30000.00																			
30000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

55000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
US POSTMASTER-WHITE HOUSE

Mailing Address **C/O ANDRE NORWOOD**
725 SEVENTEENTH STREET, NW

City **WASHINGTON** State **DC** Zip Code **20503**

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00986

Date of Disbursement

/ /

Amount of Each Disbursement this Period

558.49

B. Full Name (Last, First, Middle Initial)
TODD VAN ETEN

Mailing Address **1425 S EADS ST APT 309**

City **ARLINGTON** State **VA** Zip Code **22202**

Purpose of Disbursement
MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00987

Date of Disbursement

/ /

Amount of Each Disbursement this Period

95.00

C. Full Name (Last, First, Middle Initial)
TORTILLA COAST, WASHINGTON DC

Mailing Address **400 FIRST ST SE**

City **WASHINGTON** State **DC** Zip Code **20016**

Purpose of Disbursement
MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00987M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

95.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

653.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TODD VAN ETTEN	Transaction ID: 2009M02L21A00988 Date of Disbursement
Mailing Address 1425 S EADS ST APT 309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period
Purpose of Disbursement MILEAGE	<div>56.10</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) TODD VAN ETTEN	Transaction ID: 2009M02L21A00989 Date of Disbursement
Mailing Address 1425 S EADS ST APT 309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period
Purpose of Disbursement PHONE CHARGES	<div>82.91</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A00989M Date of Disbursement
Mailing Address P O BOX 25505	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period
Purpose of Disbursement PHONE CHARGES	<div>82.91</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

139.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1315 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TODD VAN ETTEN Mailing Address 1425 S EADS ST APT 309	Transaction ID: 2009M02L21A00990 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>83.04</div>
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00990M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>83.04</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address P O BOX 382040 City PITTSBURGH State PA Zip Code 15251 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A00991 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>8.91</div>

SUBTOTAL of Disbursements This Page (optional)

91.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON BUSINESS <hr/> Mailing Address P O BOX 382040	Transaction ID: 2009M02L21A00992 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
<div> <div>City PITTSBURGH State PA Zip Code 15251</div> <div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: District:</div> </div> </div> <div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>8.92</div>
B. Full Name (Last, First, Middle Initial) VERIZON BUSINESS <hr/> Mailing Address P O BOX 382040	Transaction ID: 2009M02L21A00993 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
<div> <div>City PITTSBURGH State PA Zip Code 15251</div> <div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: District:</div> </div> </div> <div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>23.62</div>
C. Full Name (Last, First, Middle Initial) VERIZON BUSINESS <hr/> Mailing Address P O BOX 382040	Transaction ID: 2009M02L21A00994 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
<div> <div>City PITTSBURGH State PA Zip Code 15251</div> <div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: District:</div> </div> </div> <div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>42.26</div>

SUBTOTAL of Disbursements This Page (optional)

74.80

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1317 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

VERIZON BUSINESS

Mailing Address P O BOX 382040

City
PITTSBURGHState
PAZip Code
15251Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00995

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

42.72

B.

Full Name (Last, First, Middle Initial)

VERIZON BUSINESS

Mailing Address P O BOX 382040

City
PITTSBURGHState
PAZip Code
15251Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00996

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

48.01

C.

Full Name (Last, First, Middle Initial)

VERIZON BUSINESS

Mailing Address P O BOX 382040

City
PITTSBURGHState
PAZip Code
15251Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00997

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

50.63

SUBTOTAL of Disbursements This Page (optional)

141.36

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1318 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

VERIZON BUSINESS

Mailing Address P O BOX 382040

City
PITTSBURGHState
PAZip Code
15251Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00998

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

82.35

B.

Full Name (Last, First, Middle Initial)

VERIZON BUSINESS

Mailing Address P O BOX 382040

City
PITTSBURGHState
PAZip Code
15251Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A00999

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

87.09

C.

Full Name (Last, First, Middle Initial)

VERIZON BUSINESS

Mailing Address P O BOX 382040

City
PITTSBURGHState
PAZip Code
15251Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

87.79

SUBTOTAL of Disbursements This Page (optional)

257.23

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1321 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

VERIZON BUSINESS

Mailing Address P O BOX 382040

City
PITTSBURGHState
PAZip Code
15251Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01007

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

233.47

B.

Full Name (Last, First, Middle Initial)

VERIZON BUSINESS

Mailing Address P O BOX 382040

City
PITTSBURGHState
PAZip Code
15251Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01008

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

325.77

C.

Full Name (Last, First, Middle Initial)

VERIZON BUSINESS

Mailing Address P O BOX 382040

City
PITTSBURGHState
PAZip Code
15251Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01009

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

344.14

SUBTOTAL of Disbursements This Page (optional)

903.38

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1322 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON BUSINESS	Transaction ID: 2009M02L21A01010 Date of Disbursement																				
Mailing Address P O BOX 382040	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City PITTSBURGH State PA Zip Code 15251	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td>360.68</td> </tr> </table>	360.68																			
360.68																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON BUSINESS	Transaction ID: 2009M02L21A01011 Date of Disbursement																				
Mailing Address P O BOX 382040	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City PITTSBURGH State PA Zip Code 15251	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td>489.32</td> </tr> </table>	489.32																			
489.32																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON BUSINESS	Transaction ID: 2009M02L21A01012 Date of Disbursement																				
Mailing Address P O BOX 382040	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City PITTSBURGH State PA Zip Code 15251	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td>547.74</td> </tr> </table>	547.74																			
547.74																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1397.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1323 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VERIZON BUSINESS

Mailing Address **P O BOX 382040**

City
PITTSBURGH

State
PA

Zip Code
15251

Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A01013

Date of Disbursement

/ /

Amount of Each Disbursement this Period

550.08

B.

Full Name (Last, First, Middle Initial)

VERIZON BUSINESS

Mailing Address **P O BOX 382040**

City
PITTSBURGH

State
PA

Zip Code
15251

Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A01014

Date of Disbursement

/ /

Amount of Each Disbursement this Period

559.57

C.

Full Name (Last, First, Middle Initial)

VERIZON BUSINESS

Mailing Address **P O BOX 382040**

City
PITTSBURGH

State
PA

Zip Code
15251

Purpose of Disbursement
TELEPHONE CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A01015

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1134.66

SUBTOTAL of Disbursements This Page (optional)

2244.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1324 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON BUSINESS	Transaction ID: 2009M02L21A01016 Date of Disbursement																				
Mailing Address P O BOX 382040	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City PITTSBURGH State PA Zip Code 15251	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td>1280.60</td> </tr> </table>	1280.60																			
1280.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON BUSINESS	Transaction ID: 2009M02L21A01017 Date of Disbursement																				
Mailing Address P O BOX 382040	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City PITTSBURGH State PA Zip Code 15251	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td>1285.61</td> </tr> </table>	1285.61																			
1285.61																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON BUSINESS	Transaction ID: 2009M02L21A01018 Date of Disbursement																				
Mailing Address P O BOX 382040	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City PITTSBURGH State PA Zip Code 15251	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td>1661.23</td> </tr> </table>	1661.23																			
1661.23																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4227.44

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1326 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON CABS Mailing Address P O BOX 4832	Transaction ID: 2009M02L21A01022 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	9		2	0	0	9													
City TRENTON State NJ Zip Code 08650-4832 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>839.97</td> </tr> </table>	839.97																				
839.97																						
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01023 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>37.69</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9	37.69
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	9		2	0	0	9													
37.69																						
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01024 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>37.82</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9	37.82
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	9		2	0	0	9													
37.82																						

SUBTOTAL of Disbursements This Page (optional)

915.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01025 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>43.74</td> </tr> </table>	43.74																			
43.74																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01026 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>74.11</td> </tr> </table>	74.11																			
74.11																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01027 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>76.41</td> </tr> </table>	76.41																			
76.41																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

194.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01028 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>83.33</td> </tr> </table>	83.33																			
83.33																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01029 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>83.33</td> </tr> </table>	83.33																			
83.33																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01030 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>83.33</td> </tr> </table>	83.33																			
83.33																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

249.99

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address **P O BOX 25505**

City
LEHIGH VALLEY

State
PA

Zip Code
18002

Purpose of Disbursement
PHONE CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01031

Date of Disbursement

/ /

Amount of Each Disbursement this Period

83.33

B.

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address **P O BOX 25505**

City
LEHIGH VALLEY

State
PA

Zip Code
18002

Purpose of Disbursement
PHONE CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01032

Date of Disbursement

/ /

Amount of Each Disbursement this Period

83.46

C.

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address **P O BOX 25505**

City
LEHIGH VALLEY

State
PA

Zip Code
18002

Purpose of Disbursement
PHONE CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01033

Date of Disbursement

/ /

Amount of Each Disbursement this Period

83.46

SUBTOTAL of Disbursements This Page (optional)

250.25

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1330 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address P O BOX 25505

City
LEHIGH VALLEYState
PAZip Code
18002Purpose of Disbursement
PHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01034

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Amount of Each Disbursement this Period

83.46

B.

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address P O BOX 25505

City
LEHIGH VALLEYState
PAZip Code
18002Purpose of Disbursement
PHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01035

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Amount of Each Disbursement this Period

83.46

C.

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address P O BOX 25505

City
LEHIGH VALLEYState
PAZip Code
18002Purpose of Disbursement
PHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01036

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Amount of Each Disbursement this Period

83.46

SUBTOTAL of Disbursements This Page (optional)

250.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1331 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01037 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>84.77</td> </tr> </table>	84.77																			
84.77																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01038 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>84.90</td> </tr> </table>	84.90																			
84.90																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01039 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	9													
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>92.68</td> </tr> </table>	92.68																			
92.68																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

262.35

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1332 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address P O BOX 25505

City
LEHIGH VALLEYState
PAZip Code
18002Purpose of Disbursement
PHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01040

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

113.58

B.

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address P O BOX 25505

City
LEHIGH VALLEYState
PAZip Code
18002Purpose of Disbursement
PHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01041

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

123.68

C.

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address P O BOX 25505

City
LEHIGH VALLEYState
PAZip Code
18002Purpose of Disbursement
PHONE CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01042

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

131.78

SUBTOTAL of Disbursements This Page (optional)

369.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1333 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01043 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period <table border="1"> <tr> <td>136.00</td> </tr> </table>	136.00																			
136.00																					
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01044 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period <table border="1"> <tr> <td>137.17</td> </tr> </table>	137.17																			
137.17																					
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01045 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period <table border="1"> <tr> <td>139.55</td> </tr> </table>	139.55																			
139.55																					
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

412.72

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1336 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505	Transaction ID: 2009M02L21A01052 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9										
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		2	9		2	0	0	9																						
City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">164.69</td> </tr> </table>	164.69																													
164.69																															
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01053 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">166.66</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9	166.66									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		2	9		2	0	0	9																						
166.66																															
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01054 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">167.48</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9	167.48									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		2	9		2	0	0	9																						
167.48																															

SUBTOTAL of Disbursements This Page (optional)

498.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1337 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01055 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>167.53</td> </tr> </table>	167.53																			
167.53																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01056 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>167.73</td> </tr> </table>	167.73																			
167.73																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01057 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>167.82</td> </tr> </table>	167.82																			
167.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

503.08

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1338 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505	Transaction ID: 2009M02L21A01058 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9										
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		0	9		2	0	0	9																						
City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">169.08</td> </tr> </table>	169.08																													
169.08																															
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01059 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">172.93</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9	172.93									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		0	9		2	0	0	9																						
172.93																															
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01060 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">181.11</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9	181.11									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		2	9		2	0	0	9																						
181.11																															

SUBTOTAL of Disbursements This Page (optional)

523.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01061 Date of Disbursement
Mailing Address P O BOX 25505	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period
Purpose of Disbursement PHONE CHARGES	<div>184.98</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01062 Date of Disbursement
Mailing Address P O BOX 25505	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period
Purpose of Disbursement PHONE CHARGES	<div>188.11</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01063 Date of Disbursement
Mailing Address P O BOX 25505	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period
Purpose of Disbursement PHONE CHARGES	<div>195.75</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

568.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505	Transaction ID: 2009M02L21A01064 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>207.06</div>
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01065 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>232.74</div>
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01066 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>258.10</div>

SUBTOTAL of Disbursements This Page (optional)

697.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01067 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>5</td><td>8</td><td>.</td><td>9</td><td>7</td> </tr> </table>	2	5	8	.	9	7														
2	5	8	.	9	7																
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01068 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>5</td><td>9</td><td>.</td><td>7</td><td>4</td> </tr> </table>	2	5	9	.	7	4														
2	5	9	.	7	4																
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01069 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>6</td><td>5</td><td>.</td><td>0</td><td>2</td> </tr> </table>	2	6	5	.	0	2														
2	6	5	.	0	2																
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

783.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505	Transaction ID: 2009M02L21A01070 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>266.91</div>
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01071 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>270.36</div>
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01072 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>280.76</div>

SUBTOTAL of Disbursements This Page (optional)

818.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01073 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td colspan="10">286.75</td> </tr> </table>	286.75																			
286.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01074 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td colspan="10">303.83</td> </tr> </table>	303.83																			
303.83																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01075 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td colspan="10">304.38</td> </tr> </table>	304.38																			
304.38																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

894.96

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505	Transaction ID: 2009M02L21A01076 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	9		2	0	0	9													
City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>314.08</td> </tr> </table>	314.08																				
314.08																						
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01077 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>314.43</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9	314.43
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	9		2	0	0	9													
314.43																						
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01078 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>320.34</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9	320.34
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	9		2	0	0	9													
320.34																						

SUBTOTAL of Disbursements This Page (optional)

948.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01079 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>324.71</td> </tr> </table>	324.71																			
324.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01080 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>325.86</td> </tr> </table>	325.86																			
325.86																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01081 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>331.08</td> </tr> </table>	331.08																			
331.08																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

981.65

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1346 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505	Transaction ID: 2009M02L21A01082 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	9		2	0	0	9													
City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>339.80</td> </tr> </table>	339.80																				
339.80																						
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01083 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>341.62</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9	341.62
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	9		2	0	0	9													
341.62																						
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01084 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>367.67</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9	367.67
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	9		2	0	0	9													
367.67																						

SUBTOTAL of Disbursements This Page (optional)

1049.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01085 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>2</td><td>1</td><td>.</td><td>8</td><td>3</td> </tr> </table>	4	2	1	.	8	3														
4	2	1	.	8	3																
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01086 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>2</td><td>1</td><td>.</td><td>9</td><td>1</td> </tr> </table>	4	2	1	.	9	1														
4	2	1	.	9	1																
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01087 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>2</td><td>8</td><td>.</td><td>3</td><td>0</td> </tr> </table>	4	2	8	.	3	0														
4	2	8	.	3	0																
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1272.04

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1349 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01091 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>487.64</td> </tr> </table>	487.64																			
487.64																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01092 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>487.70</td> </tr> </table>	487.70																			
487.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01093 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>502.53</td> </tr> </table>	502.53																			
502.53																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1477.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1350 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505	Transaction ID: 2009M02L21A01094 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>506.71</div>
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01095 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>518.00</div>
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01096 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>540.78</div>

SUBTOTAL of Disbursements This Page (optional)

1565.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1351 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01097 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period <table border="1"> <tr> <td>544.40</td> </tr> </table>	544.40																			
544.40																					
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01098 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period <table border="1"> <tr> <td>653.86</td> </tr> </table>	653.86																			
653.86																					
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01099 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period <table border="1"> <tr> <td>669.45</td> </tr> </table>	669.45																			
669.45																					
Purpose of Disbursement PHONE CHARGES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1867.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1352 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01100 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>683.26</td> </tr> </table>	683.26																			
683.26																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01101 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>692.18</td> </tr> </table>	692.18																			
692.18																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01102 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>699.54</td> </tr> </table>	699.54																			
699.54																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2074.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1353 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01103 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>700.59</td> </tr> </table>	700.59																			
700.59																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01104 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>876.19</td> </tr> </table>	876.19																			
876.19																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01105 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE CHARGES	<table border="1"> <tr> <td>993.06</td> </tr> </table>	993.06																			
993.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2569.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1354 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) VERIZON WIRELESS <hr/> Mailing Address P O BOX 25505 <hr/> <table> <tr> <td>City LEHIGH VALLEY</td> <td>State PA</td> <td>Zip Code 18002</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement PHONE CHARGES</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	City LEHIGH VALLEY	State PA	Zip Code 18002	Purpose of Disbursement PHONE CHARGES	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		Transaction ID: 2009M02L21A01106 Date of Disbursement <div> <div><div>M</div><div>M</div></div> / <div><div>D</div><div>D</div></div> / <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>01</div> / <div>09</div> / <div>2009</div> </div> <hr/> Amount of Each Disbursement this Period <div>1016.60</div>
City LEHIGH VALLEY	State PA	Zip Code 18002										
Purpose of Disbursement PHONE CHARGES	<div>Category/ Type</div>											
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State: District:												
B.	Full Name (Last, First, Middle Initial) VERIZON WIRELESS <hr/> Mailing Address P O BOX 25505 <hr/> <table> <tr> <td>City LEHIGH VALLEY</td> <td>State PA</td> <td>Zip Code 18002</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement PHONE CHARGES</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	City LEHIGH VALLEY	State PA	Zip Code 18002	Purpose of Disbursement PHONE CHARGES	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		Transaction ID: 2009M02L21A01107 Date of Disbursement <div> <div><div>M</div><div>M</div></div> / <div><div>D</div><div>D</div></div> / <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>01</div> / <div>29</div> / <div>2009</div> </div> <hr/> Amount of Each Disbursement this Period <div>1160.16</div>
City LEHIGH VALLEY	State PA	Zip Code 18002										
Purpose of Disbursement PHONE CHARGES	<div>Category/ Type</div>											
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State: District:												
C.	Full Name (Last, First, Middle Initial) VERIZON WIRELESS <hr/> Mailing Address P O BOX 25505 <hr/> <table> <tr> <td>City LEHIGH VALLEY</td> <td>State PA</td> <td>Zip Code 18002</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement PHONE CHARGES</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	City LEHIGH VALLEY	State PA	Zip Code 18002	Purpose of Disbursement PHONE CHARGES	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		Transaction ID: 2009M02L21A01108 Date of Disbursement <div> <div><div>M</div><div>M</div></div> / <div><div>D</div><div>D</div></div> / <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>01</div> / <div>09</div> / <div>2009</div> </div> <hr/> Amount of Each Disbursement this Period <div>1316.45</div>
City LEHIGH VALLEY	State PA	Zip Code 18002										
Purpose of Disbursement PHONE CHARGES	<div>Category/ Type</div>											
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State: District:												

SUBTOTAL of Disbursements This Page (optional) ►

3493.21

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1355 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01109 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
<table border="1"> <tr> <td>City LEHIGH VALLEY</td> <td>State PA</td> <td>Zip Code 18002</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PHONE CHARGES</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City LEHIGH VALLEY	State PA	Zip Code 18002	Purpose of Disbursement PHONE CHARGES		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1762.04</td> </tr> </table>	1762.04											
City LEHIGH VALLEY	State PA	Zip Code 18002																			
Purpose of Disbursement PHONE CHARGES		<input type="text"/> Category/ Type																			
Candidate Name																					
1762.04																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01110 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
<table border="1"> <tr> <td>City LEHIGH VALLEY</td> <td>State PA</td> <td>Zip Code 18002</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PHONE CHARGES</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City LEHIGH VALLEY	State PA	Zip Code 18002	Purpose of Disbursement PHONE CHARGES		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1890.62</td> </tr> </table>	1890.62											
City LEHIGH VALLEY	State PA	Zip Code 18002																			
Purpose of Disbursement PHONE CHARGES		<input type="text"/> Category/ Type																			
Candidate Name																					
1890.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: 2009M02L21A01111 Date of Disbursement																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
<table border="1"> <tr> <td>City LEHIGH VALLEY</td> <td>State PA</td> <td>Zip Code 18002</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PHONE CHARGES</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City LEHIGH VALLEY	State PA	Zip Code 18002	Purpose of Disbursement PHONE CHARGES		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>2125.52</td> </tr> </table>	2125.52											
City LEHIGH VALLEY	State PA	Zip Code 18002																			
Purpose of Disbursement PHONE CHARGES		<input type="text"/> Category/ Type																			
Candidate Name																					
2125.52																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5778.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1356 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505	Transaction ID: 2009M02L21A01112 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2218.31</div>
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01113 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2521.97</div>
C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01114 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>4260.65</div>

SUBTOTAL of Disbursements This Page (optional)

9000.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON BUSINESS <hr/> Mailing Address PO BOX 371873	Transaction ID: 2009M02L21A01115 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
<div> <div>City PITTSBURGH State PA Zip Code 15250-7873</div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>0.42</div>
B. Full Name (Last, First, Middle Initial) VERIZON BUSINESS <hr/> Mailing Address PO BOX 371873	Transaction ID: 2009M02L21A01116 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
<div> <div>City PITTSBURGH State PA Zip Code 15250-7873</div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>0.45</div>
C. Full Name (Last, First, Middle Initial) VERIZON BUSINESS <hr/> Mailing Address PO BOX 371873	Transaction ID: 2009M02L21A01117 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
<div> <div>City PITTSBURGH State PA Zip Code 15250-7873</div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>0.63</div>

SUBTOTAL of Disbursements This Page (optional)

1.50

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON BUSINESS	Transaction ID: 2009M02L21A01121 Date of Disbursement																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>7</td><td>6</td> </tr> </table>	1	7	6																	
1	7	6																			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON BUSINESS	Transaction ID: 2009M02L21A01122 Date of Disbursement																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>8</td><td>2</td> </tr> </table>	1	8	2																	
1	8	2																			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON BUSINESS	Transaction ID: 2009M02L21A01123 Date of Disbursement																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>0</td><td>6</td> </tr> </table>	2	0	6																	
2	0	6																			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5.64

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address PO BOX 371873	Transaction ID: 2009M02L21A01127 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2.46</div>
B. Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address PO BOX 371873 City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01128 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>3.56</div>
C. Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address PO BOX 371873 City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01129 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>4.24</div>

SUBTOTAL of Disbursements This Page (optional)

10.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON BUSINESS <hr/> Mailing Address PO BOX 371873	Transaction ID: 2009M02L21A01130 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
<div> <div>City PITTSBURGH State PA Zip Code 15250-7873</div> <div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>4.63</div>
B. Full Name (Last, First, Middle Initial) VERIZON BUSINESS <hr/> Mailing Address PO BOX 371873	Transaction ID: 2009M02L21A01131 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
<div> <div>City PITTSBURGH State PA Zip Code 15250-7873</div> <div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>4.65</div>
C. Full Name (Last, First, Middle Initial) VERIZON BUSINESS <hr/> Mailing Address PO BOX 371873	Transaction ID: 2009M02L21A01132 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
<div> <div>City PITTSBURGH State PA Zip Code 15250-7873</div> <div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>4.81</div>

SUBTOTAL of Disbursements This Page (optional) ►

14.09

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON BUSINESS <hr/> Mailing Address PO BOX 371873	Transaction ID: 2009M02L21A01133 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
<div> <div>City PITTSBURGH State PA Zip Code 15250-7873</div> <div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>5.09</div>
B. Full Name (Last, First, Middle Initial) VERIZON BUSINESS <hr/> Mailing Address PO BOX 371873	Transaction ID: 2009M02L21A01134 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
<div> <div>City PITTSBURGH State PA Zip Code 15250-7873</div> <div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>5.21</div>
C. Full Name (Last, First, Middle Initial) VERIZON BUSINESS <hr/> Mailing Address PO BOX 371873	Transaction ID: 2009M02L21A01135 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
<div> <div>City PITTSBURGH State PA Zip Code 15250-7873</div> <div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>5.39</div>

SUBTOTAL of Disbursements This Page (optional) ►

15.69

TOTAL This Period (last page this line number only) ►

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON BUSINESS	Transaction ID: 2009M02L21A01139 Date of Disbursement																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7873	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td colspan="10">9.35</td> </tr> </table>	9.35																			
9.35																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON BUSINESS	Transaction ID: 2009M02L21A01140 Date of Disbursement																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7873	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td colspan="10">9.46</td> </tr> </table>	9.46																			
9.46																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON BUSINESS	Transaction ID: 2009M02L21A01141 Date of Disbursement																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7873	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE CHARGES	<table border="1"> <tr> <td colspan="10">9.89</td> </tr> </table>	9.89																			
9.89																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

28.70

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address PO BOX 371873	Transaction ID: 2009M02L21A01142 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	5		2	0	0	9													
City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>12.42</td> </tr> </table>	12.42																				
12.42																						
B. Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address PO BOX 371873 City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01143 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>14.69</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9	14.69
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	5		2	0	0	9													
14.69																						
C. Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address PO BOX 371873 City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01144 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>15.77</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9	15.77
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	5		2	0	0	9													
15.77																						

SUBTOTAL of Disbursements This Page (optional)

42.88

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address PO BOX 371873	Transaction ID: 2009M02L21A01145 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	5		2	0	0	9													
City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>16.48</td> </tr> </table>	16.48																				
16.48																						
B. Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address PO BOX 371873 City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01146 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>20.34</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9	20.34
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	5		2	0	0	9													
20.34																						
C. Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address PO BOX 371873 City PITTSBURGH State PA Zip Code 15250-7873 Purpose of Disbursement TELEPHONE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01147 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>20.77</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9	20.77
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	5		2	0	0	9													
20.77																						

SUBTOTAL of Disbursements This Page (optional)

57.59

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1369 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON BUSINESS	Transaction ID: 2009M02L21A01151 Date of Disbursement																				
Mailing Address PO BOX 371873	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7873	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE CHARGES Candidate Name	<table border="1"> <tr> <td colspan="10">3698.76</td> </tr> </table>	3698.76																			
3698.76																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: 2009M02L21A01152 Date of Disbursement																				
Mailing Address P O BOX 660720	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City DALLAS State TX Zip Code 75266-0720	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE CHARGES Candidate Name	<table border="1"> <tr> <td colspan="10">361.93</td> </tr> </table>	361.93																			
361.93																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: 2009M02L21A01153 Date of Disbursement																				
Mailing Address P O BOX 660720	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City DALLAS State TX Zip Code 75266-0720	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE CHARGES Candidate Name	<table border="1"> <tr> <td colspan="10">368.76</td> </tr> </table>	368.76																			
368.76																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4429.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VERIZON <hr/> Mailing Address P O BOX 660720	Transaction ID: 2009M02L21A01154 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
<div> <div>City DALLAS State TX Zip Code 75266</div> <div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>6229.33</div>
B. Full Name (Last, First, Middle Initial) VERIZON <hr/> Mailing Address P O BOX 660720	Transaction ID: 2009M02L21A01155 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
<div> <div>City DALLAS State TX Zip Code 75266-0720</div> <div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>4089.06</div>
C. Full Name (Last, First, Middle Initial) VERIZON <hr/> Mailing Address P O BOX 660720	Transaction ID: 2009M02L21A01156 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
<div> <div>City DALLAS State TX Zip Code 75266</div> <div> <div>Purpose of Disbursement TELEPHONE CHARGES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>286.11</div>

SUBTOTAL of Disbursements This Page (optional)

10604.50

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1372 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY VERGHESE

Mailing Address 777 7TH ST NW APT 824

City
 WASHINGTON

State
 DC

Zip Code
 20001

Purpose of Disbursement
 MEALS

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01159

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.76

B.

Full Name (Last, First, Middle Initial)

SALADWORKS CAFE, WILMINGTON DE

Mailing Address 4127 CONCORD PIKE

City
 WILMINGTON

State
 DE

Zip Code
 19803

Purpose of Disbursement
 MEALS

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01159M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.76

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

MARY VERGHESE

Mailing Address 777 7TH ST NW APT 824

City
 WASHINGTON

State
 DC

Zip Code
 20001

Purpose of Disbursement
 MEALS

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01160

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.87

SUBTOTAL of Disbursements This Page (optional)

29.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) WAWA, BRANDYWINE DE	Transaction ID: 2009M02L21A01160M Date of Disbursement
Mailing Address 400 A WILSON RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City BRANDYWINE State DE Zip Code 19803	Amount of Each Disbursement this Period <div>14.87</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) MARY VERGHESE	Transaction ID: 2009M02L21A01161 Date of Disbursement
Mailing Address 777 7TH ST NW APT 824	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period <div>19.36</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) BOSTON MARKET, TALLEYVILLE DE	Transaction ID: 2009M02L21A01161M Date of Disbursement
Mailing Address 3900 CONCORD PIKE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City TALLEYVILLE State DE Zip Code 19803	Amount of Each Disbursement this Period <div>19.36</div>
Purpose of Disbursement MEALS Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

19.36

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1375 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) STARBUCKS, WILMINGTON DE	Transaction ID: 2009M02L21A01163M Date of Disbursement																				
Mailing Address 1737 MARSH RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WILMINGTON State DE Zip Code 19810	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">39.15</td> </tr> </table>	39.15																			
39.15																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:																					
Other (specify) ▼																					
State: District:																					
B. Full Name (Last, First, Middle Initial) MARY VERGHESE	Transaction ID: 2009M02L21A01164 Date of Disbursement																				
Mailing Address 777 7TH ST NW APT 824	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">42.95</td> </tr> </table>	42.95																			
42.95																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:																					
Other (specify) ▼																					
State: District:																					
C. Full Name (Last, First, Middle Initial) LA TOLTECA, WILMINGTON DE	Transaction ID: 2009M02L21A01164M Date of Disbursement																				
Mailing Address 2209 CONCORD PIKE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WILMINGTON State DE Zip Code 19803	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">42.95</td> </tr> </table>	42.95																			
42.95																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:																					
Other (specify) ▼																					
State: District:																					

SUBTOTAL of Disbursements This Page (optional)

42.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1376 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY VERGHESE

Mailing Address 777 7TH ST NW APT 824

City
 WASHINGTON

State
 DC

Zip Code
 20001

Purpose of Disbursement
 MEALS

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01165

Date of Disbursement

/ /

Amount of Each Disbursement this Period

47.75

B.

Full Name (Last, First, Middle Initial)

HUNAN CHINESE, WILMINGTON DE

Mailing Address 8 BRANMAR PLAZA

City
 WILMINGTON

State
 DE

Zip Code
 19810

Purpose of Disbursement
 MEALS

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01165M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

47.75

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

MARY VERGHESE

Mailing Address 777 7TH ST NW APT 824

City
 WASHINGTON

State
 DC

Zip Code
 20001

Purpose of Disbursement
 MEALS

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01166

Date of Disbursement

/ /

Amount of Each Disbursement this Period

51.99

SUBTOTAL of Disbursements This Page (optional)

99.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1377 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
SUPER FRESH, WILMINGTON DE

Mailing Address **1812 MARSH RD**

City **WILMINGTON** State **DE** Zip Code **19810**

Purpose of Disbursement
MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01166M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

51.99

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
MARY VERGHESE

Mailing Address **777 7TH ST NW APT 824**

City **WASHINGTON** State **DC** Zip Code **20001**

Purpose of Disbursement
MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01167

Date of Disbursement

/ /

Amount of Each Disbursement this Period

56.55

C.

Full Name (Last, First, Middle Initial)
ROMEO'S PIZZA, WILMINGTON DE

Mailing Address **1812 MARSH RD**

City **WILMINGTON** State **DE** Zip Code **19810**

Purpose of Disbursement
MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01167M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

56.55

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

56.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1378 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MARY VERGHESE	Transaction ID: 2009M02L21A01168 Date of Disbursement																				
Mailing Address 777 7TH ST NW APT 824	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement MILEAGE Candidate Name	<table border="1"> <tr> <td colspan="10">290.75</td> </tr> </table>	290.75																			
290.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MARY VERGHESE	Transaction ID: 2009M02L21A01169 Date of Disbursement																				
Mailing Address 777 7TH ST NW APT 824	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">7.96</td> </tr> </table>	7.96																			
7.96																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) HAPPY HARRY'S, WILMINGTON DE	Transaction ID: 2009M02L21A01169M Date of Disbursement																				
Mailing Address 1812 MARSH RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WILMINGTON State DE Zip Code 19810	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">7.96</td> </tr> </table>	7.96																			
7.96																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

298.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1379 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MARY VERGHESE	Transaction ID: 2009M02L21A01170 Date of Disbursement																				
Mailing Address 777 7TH ST NW APT 824	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement TOLLS	<table border="1"> <tr> <td>6.00</td> </tr> </table>	6.00																			
6.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERTIS COMMUNICATION	Transaction ID: 2009M02L21A01171 Date of Disbursement																				
Mailing Address ATTN: POSTAGE/ACCOUNTING DEPT 2901 BLACKBRIDGE ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City YORK State PA Zip Code 17402	Amount of Each Disbursement this Period																				
Purpose of Disbursement POSTAGE	<table border="1"> <tr> <td>17676.14</td> </tr> </table>	17676.14																			
17676.14																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) BRANDON VIDRINE	Transaction ID: 2009M02L21A01172 Date of Disbursement																				
Mailing Address 999 N NINTH ST APT 314	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City BATON ROUGE State LA Zip Code 70802	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td>35.00</td> </tr> </table>	35.00																			
35.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

17717.14

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1380 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NORTHWEST AIRLINES	Transaction ID: 2009M02L21A01172M Date of Disbursement																				
Mailing Address 4000 E SKY HARBOR BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td colspan="10">35.00</td> </tr> </table>	35.00																			
35.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) BRANDON VIDRINE	Transaction ID: 2009M02L21A01173 Date of Disbursement																				
Mailing Address 999 N NINTH ST APT 314	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City BATON ROUGE State LA Zip Code 70802	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td colspan="10">1294.40</td> </tr> </table>	1294.40																			
1294.40																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) AMERICAN AIRLINES	Transaction ID: 2009M02L21A01173M Date of Disbursement																				
Mailing Address DEPARTMENT 13175 P O BOX 13691	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City NEWARK State NJ Zip Code 07188	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td colspan="10">1294.40</td> </tr> </table>	1294.40																			
1294.40																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

1294.40

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

1341.40

1341.40

296.12

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1383 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRANDON VIDRINE

Mailing Address 999 N NINTH ST APT 314

City State Zip Code
 BATON ROUGE LA 70802

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A01177

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.66

B.

Full Name (Last, First, Middle Initial)

TARGET, ST PAUL MN

Mailing Address 1300 UNIVERSITY AVE

City State Zip Code
 ST PAUL MN 55104

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A01177M

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.66

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

BRANDON VIDRINE

Mailing Address 999 N NINTH ST APT 314

City State Zip Code
 BATON ROUGE LA 70802

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A01178

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27.98

SUBTOTAL of Disbursements This Page (optional)

46.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CHILI'S TOO, ST PAUL MN	Transaction ID: 2009M02L21A01178M Date of Disbursement
Mailing Address 4300 GLUMACK DR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City ST PAUL State MN Zip Code 55111	Amount of Each Disbursement this Period
Purpose of Disbursement MEALS	<div> <div></div> <div>27.98</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) BRANDON VIDRINE	Transaction ID: 2009M02L21A01179 Date of Disbursement
Mailing Address 999 N NINTH ST APT 314	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City BATON ROUGE State LA Zip Code 70802	Amount of Each Disbursement this Period
Purpose of Disbursement PARKING	<div> <div></div> <div>15.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) BRANDON VIDRINE	Transaction ID: 2009M02L21A01180 Date of Disbursement
Mailing Address 999 N NINTH ST APT 314	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City BATON ROUGE State LA Zip Code 70802	Amount of Each Disbursement this Period
Purpose of Disbursement PARKING	<div> <div></div> <div>46.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

61.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BRANDON VIDRINE Mailing Address 999 N NINTH ST APT 314	Transaction ID: 2009M02L21A01181 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City BATON ROUGE State LA Zip Code 70802 Purpose of Disbursement TAXI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>44.55</div>
B. Full Name (Last, First, Middle Initial) JASON WALLACE Mailing Address 8849 HILLSIDE RD City RANCHO CUCAMONGA State CA Zip Code 91701 Purpose of Disbursement PER DIEM Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01182 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>50.00</div>
C. Full Name (Last, First, Middle Initial) JASON WALLACE Mailing Address 8849 HILLSIDE RD City RANCHO CUCAMONGA State CA Zip Code 91701 Purpose of Disbursement PER DIEM Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01183 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>210.00</div>

SUBTOTAL of Disbursements This Page (optional)

304.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) WASHINGTON GAS Mailing Address PO BOX 9001036	Transaction ID: 2009M02L21A01184 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City LOUISVILLE State KY Zip Code 40290 Purpose of Disbursement UTILITIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1165.07</div>
B. Full Name (Last, First, Middle Initial) WASHINGTON GAS Mailing Address PO BOX 9001036 City LOUISVILLE State KY Zip Code 40290 Purpose of Disbursement UTILITIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01185 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1255.25</div>
C. Full Name (Last, First, Middle Initial) BRYAN WATKINS Mailing Address 1445 POPENOE RD City LA HABRA HEIGHTS State CA Zip Code 90631 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01186 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>245.20</div>

SUBTOTAL of Disbursements This Page (optional)

2665.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) FRONTIER AIRLINES	Transaction ID: 2009M02L21A01186M Date of Disbursement																				
Mailing Address FRONTIER CENTER ONE 7001 TOWER RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City DENVER State CO Zip Code 80249	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">245.20</td> </tr> </table>	245.20																			
245.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) BRYAN WATKINS	Transaction ID: 2009M02L21A01187 Date of Disbursement																				
Mailing Address 1445 POPENOE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LA HABRA HEIGHTS State CA Zip Code 90631	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">830.70</td> </tr> </table>	830.70																			
830.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) CONTINENTAL AIRLINES	Transaction ID: 2009M02L21A01187M Date of Disbursement																				
Mailing Address 600 JEFFERSON ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City HOUSTON State TX Zip Code 77012	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">830.70</td> </tr> </table>	830.70																			
830.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

830.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BRYAN WATKINS Mailing Address 1445 POPENOE RD	Transaction ID: 2009M02L21A01188 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City LA HABRA HEIGHTS State CA Zip Code 90631 Purpose of Disbursement CAR RENTAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>358.69</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) THE HERTZ CORPORATION Mailing Address COMMERCIAL BILLING DEPT 1124 PO BOX 121124 City DALLAS State TX Zip Code 75312 Purpose of Disbursement CAR RENTAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01188M Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>358.69</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) BRYAN WATKINS Mailing Address 1445 POPENOE RD City LA HABRA HEIGHTS State CA Zip Code 90631 Purpose of Disbursement LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01189 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>589.68</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

948.37

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial)
FOUR POINTS BY SHERATON MINNEA

Mailing Address 1330 INDUSTRIAL BLVD

City MINNEAPOLIS State MN Zip Code 55413

Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01189M
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Disbursement this Period

589.68

[MEMO ITEM]**B.** Full Name (Last, First, Middle Initial)
BRYAN WATKINS

Mailing Address 1445 POPENOE RD

City LA HABRA HEIGHTS State CA Zip Code 90631

Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01190
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

732.66

C. Full Name (Last, First, Middle Initial)
HILTON GARDEN INN-ST PAUL CITY

Mailing Address 411 MINNESOTA STREET

City ST PAUL State MN Zip Code 55101

Purpose of Disbursement
LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01190M
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Amount of Each Disbursement this Period

732.66

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

732.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BRYAN WATKINS	Transaction ID: 2009M02L21A01191 Date of Disbursement
Mailing Address 1445 POPENOE RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City LA HABRA HEIGHTS State CA Zip Code 90631 Purpose of Disbursement MEALS Candidate Name	Amount of Each Disbursement this Period <div>2.99</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) HARDEE'S, ST PAUL MN	Transaction ID: 2009M02L21A01191M Date of Disbursement
Mailing Address 369 HAMLINE AVE N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City ST PAUL State MN Zip Code 55104 Purpose of Disbursement MEALS Candidate Name	Amount of Each Disbursement this Period <div>2.99</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BRYAN WATKINS	Transaction ID: 2009M02L21A01192 Date of Disbursement
Mailing Address 1445 POPENOE RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City LA HABRA HEIGHTS State CA Zip Code 90631 Purpose of Disbursement MEALS Candidate Name	Amount of Each Disbursement this Period <div>3.96</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MCDONALD'S ST PAUL MN	Transaction ID: 2009M02L21A01192M Date of Disbursement																				
Mailing Address 2213 UNIVERSITY AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ST PAUL State MN Zip Code 55114	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">3.96</td> </tr> </table>	3.96																			
3.96																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BRYAN WATKINS	Transaction ID: 2009M02L21A01193 Date of Disbursement																				
Mailing Address 1445 POPENOE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LA HABRA HEIGHTS State CA Zip Code 90631	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">4.56</td> </tr> </table>	4.56																			
4.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) WAYNES DELI CATERING	Transaction ID: 2009M02L21A01193M Date of Disbursement																				
Mailing Address 654 TRANSFER RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ST PAUL State MN Zip Code 55114	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">4.56</td> </tr> </table>	4.56																			
4.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1392 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BRYAN WATKINS	Transaction ID: 2009M02L21A01194 Date of Disbursement																				
Mailing Address 1445 POPENOE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LA HABRA HEIGHTS State CA Zip Code 90631 Purpose of Disbursement MEALS Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>1</td><td>4</td> </tr> </table>	5	1	4																	
5	1	4																			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
B. Full Name (Last, First, Middle Initial) CARIBOU COFFEE, ST PAUL MN	Transaction ID: 2009M02L21A01194M Date of Disbursement																				
Mailing Address 444 CEDAR ST STE 212	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City ST PAUL State MN Zip Code 55101 Purpose of Disbursement MEALS Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>1</td><td>4</td> </tr> </table>	5	1	4																	
5	1	4																			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type [MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) BRYAN WATKINS	Transaction ID: 2009M02L21A01195 Date of Disbursement																				
Mailing Address 1445 POPENOE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City LA HABRA HEIGHTS State CA Zip Code 90631 Purpose of Disbursement MEALS Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>6</td><td>0</td><td>7</td> </tr> </table>	6	0	7																	
6	0	7																			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>11</td><td>2</td><td>1</td> </tr> </table>	11	2	1																	
11	2	1																			
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td><td></td><td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1393 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 DNC TRAVEL HOSPITALITY, TX

Mailing Address 2800 N TERMINAL RD

City HOUSTON State TX Zip Code 77032

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A01195M
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
 BRYAN WATKINS

Mailing Address 1445 POPENOE RD

City LA HABRA HEIGHTS State CA Zip Code 90631

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A01196
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
 NORTH TERMINAL IKES, ST PAUL

Mailing Address 4300 GLUMACK DR

City ST PAUL State MN Zip Code 55111

Purpose of Disbursement
 MEALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A01196M
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1394 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

BRYAN WATKINS

Mailing Address 1445 POPENOE RD

City
LA HABRA HEIGHTSState
CAZip Code
90631Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01197

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

46.13

B.

Full Name (Last, First, Middle Initial)

HARRY'S FOOD & COCKTAILS, MN

Mailing Address 500 WASHINGTON AVE

City
MINNEAPOLISState
MNZip Code
55415Purpose of Disbursement
MEALS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01197M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

46.13

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

BRYAN WATKINS

Mailing Address 1445 POPENOE RD

City
LA HABRA HEIGHTSState
CAZip Code
90631Purpose of Disbursement
PARKING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01198

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

88.58

SUBTOTAL of Disbursements This Page (optional)

134.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) TRICIA WEIR</p> <p>Mailing Address 2727 S QUINCY ST APT 1114</p> <p>City ARLINGTON State VA Zip Code 22206</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A01199 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table></p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>838.89</td> </tr> </table></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	5	/	2	0	0	9	838.89
M	M	/	D	D	/	Y	Y	Y	Y													
0	1	/	1	5	/	2	0	0	9													
838.89																						
<p>B. Full Name (Last, First, Middle Initial) ANN HAND LLC</p> <p>Mailing Address 4885 MACARTHUR BLVD NW</p> <p>City WASHINGTON State DC Zip Code 20007</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A01199M Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table></p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>838.89</td> </tr> </table></p> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	5	/	2	0	0	9	838.89
M	M	/	D	D	/	Y	Y	Y	Y													
0	1	/	1	5	/	2	0	0	9													
838.89																						
<p>C. Full Name (Last, First, Middle Initial) WELBOURNE</p> <p>Mailing Address 5951 ARBOR ST</p> <p>City HYATTSVILLE State MD Zip Code 20781</p> <p>Purpose of Disbursement ELECTRICAL MAINTENANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M02L21A01200 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table></p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>392.00</td> </tr> </table></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	2	/	2	0	0	9	392.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1	/	2	2	/	2	0	0	9													
392.00																						

SUBTOTAL of Disbursements This Page (optional)

1230.89

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) WELBOURNE Mailing Address 5951 ARBOR ST	Transaction ID: 2009M02L21A01201 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	2		2	0	0	9													
City HYATTSVILLE State MD Zip Code 20781 Purpose of Disbursement ELECTRICAL MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>392.00</td> </tr> </table>	392.00																				
392.00																						
B. Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFTS OPS Mailing Address EEOB/RM #25 City WASHINGTON State DC Zip Code 20502 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01202 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>6032.66</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9	6032.66
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	5		2	0	0	9													
6032.66																						
C. Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFTS OPS Mailing Address EEOB/RM #25 City WASHINGTON State DC Zip Code 20502 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01203 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>13042.55</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9	13042.55
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	9		2	0	0	9													
13042.55																						

SUBTOTAL of Disbursements This Page (optional)

19467.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFTS OPS	Transaction ID: 2009M02L21A01204 Date of Disbursement																				
Mailing Address EEOB/RM #25	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20502	Amount of Each Disbursement this Period <table border="1"> <tr> <td>6.23</td> </tr> </table>	6.23																			
6.23																					
Purpose of Disbursement INFLIGHT SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFTS OPS	Transaction ID: 2009M02L21A01205 Date of Disbursement																				
Mailing Address EEOB/RM #25	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20502	Amount of Each Disbursement this Period <table border="1"> <tr> <td>10.50</td> </tr> </table>	10.50																			
10.50																					
Purpose of Disbursement INFLIGHT SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFTS OPS	Transaction ID: 2009M02L21A01206 Date of Disbursement																				
Mailing Address EEOB/RM #25	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20502	Amount of Each Disbursement this Period <table border="1"> <tr> <td>57.77</td> </tr> </table>	57.77																			
57.77																					
Purpose of Disbursement INFLIGHT SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

74.50

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DARREN WHITE FOR CONGRESS	Transaction ID: 2009M02L21A01207 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">D 29</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>
Mailing Address PO BOX 16601	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">16547.91</div>
<div style="display: flex; justify-content: space-between;"> City ALBUQUERQUE State NM Zip Code 87191 </div>	
Purpose of Disbursement EXCESS TRIP FUNDS	
Candidate Name	
<div style="display: flex; justify-content: space-between;"> <div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	
State: District:	
B. Full Name (Last, First, Middle Initial) WICKER MISSISSIPPI VICTORY	
Mailing Address COMMITTEE 825 N. PRESIDENT	Transaction ID: 2009M02L21A01208 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">D 29</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>
<div style="display: flex; justify-content: space-between;"> City JACKSON State MS Zip Code 39202 </div>	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">24813.31</div>
Purpose of Disbursement EXCESS TRIP FUNDS	
Candidate Name	
<div style="display: flex; justify-content: space-between;"> <div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	
State: District:	
C. Full Name (Last, First, Middle Initial) WILLIAM L. POWELL	
Mailing Address dba BROKE-N-LONESOME 282 FAIR FIELD RD	Transaction ID: 2009M02L21A01209 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">D 09</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>
<div style="display: flex; justify-content: space-between;"> City MOCKSVILLE State NC Zip Code 27028 </div>	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">500.00</div>
Purpose of Disbursement MUSIC ENTERTAINMENT	
Candidate Name	
<div style="display: flex; justify-content: space-between;"> <div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	
State: District:	
SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1399 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) XEROX CORPORATION Mailing Address P O BOX 827598	Transaction ID: 2009M02L21A01210 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19182 Purpose of Disbursement PHOTO COPIER COSTS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>10941.91</div>
B. Full Name (Last, First, Middle Initial) BRANDIS ZEHR Mailing Address 7064 SOLOMON SEAL COURT City SPRINGFIELD State VA Zip Code 22152 Purpose of Disbursement MILEAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01211 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>168.30</div>
C. Full Name (Last, First, Middle Initial) BRANDIS ZEHR Mailing Address 7064 SOLOMON SEAL COURT City SPRINGFIELD State VA Zip Code 22152 Purpose of Disbursement MILEAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21A01212 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>168.30</div>

SUBTOTAL of Disbursements This Page (optional)

11278.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1400 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DEWITT ZEMP	Transaction ID: 2009M02L21A01213 Date of Disbursement
Mailing Address 35 MAHALO LANE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City COLUMBIA State SC Zip Code 29204	Amount of Each Disbursement this Period
Purpose of Disbursement PER DIEM	<div>286.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) DEWITT ZEMP	Transaction ID: 2009M02L21A01214 Date of Disbursement
Mailing Address 35 MAHALO LANE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City COLUMBIA State SC Zip Code 29204	Amount of Each Disbursement this Period
Purpose of Disbursement PER DIEM	<div>649.16</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) ZEROID & COMPANY, INC	Transaction ID: 2009M02L21A01215 Date of Disbursement
Mailing Address 5520 CHEROKEE AVENUE SUITE 204	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22312	Amount of Each Disbursement this Period
Purpose of Disbursement EQUIPMENT MAINTENANCE	<div>189.29</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1124.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1401 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 ZEROID & COMPANY, INC

Mailing Address 5520 CHEROKEE AVENUE SUITE 204

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement
 EQUIPMENT MAINTENANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A01216
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

8608.05

B.

Full Name (Last, First, Middle Initial)
 ZOLA RESTAURANT

Mailing Address 800 F STREET, NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
 CATERING COST

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A01217
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

9201.60

C.

Full Name (Last, First, Middle Initial)
 ZOLA RESTAURANT

Mailing Address 800 F STREET, NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
 VENUE RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21A01218
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

6300.00

SUBTOTAL of Disbursements This Page (optional)

24109.65

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1402 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial)
RENO-SPARKS CONVENTION &Mailing Address VISTORS AUTHORITY
PO BOX 837

City RENO State NV Zip Code 89504

Purpose of Disbursement
STAGE PRODUCTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21A01219

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

2010.00

B. Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS-BANK CHARGES

Mailing Address P O BOX 114

City NEWARK State NJ Zip Code 07101-0114

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21BCC00001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

6654.46

C. Full Name (Last, First, Middle Initial)
HOCKADAY DONATELLI CAMP.Mailing Address 228 S WASHINGTON ST
SUITE 240

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21BCC00002

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

12792.70

SUBTOTAL of Disbursements This Page (optional)

21457.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1403 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NOVA INFORMATION SYSTEMS INC	Transaction ID: 2009M02L21BCC00003 Date of Disbursement																				
Mailing Address 7300 CHAPMAN HIGHWAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	1		2	0	0	9												
City KNOXVILLE State TN Zip Code 37920	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD FEES Candidate Name	<table border="1"> <tr> <td colspan="10">630.77</td> </tr> </table>	630.77																			
630.77																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) NOVA INFORMATION SYSTEMS INC	Transaction ID: 2009M02L21BCC00004 Date of Disbursement																				
Mailing Address 7300 CHAPMAN HIGHWAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	1		2	0	0	9												
City KNOXVILLE State TN Zip Code 37920	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD FEES Candidate Name	<table border="1"> <tr> <td colspan="10">14.95</td> </tr> </table>	14.95																			
14.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) NOVA INFORMATION SYSTEMS INC	Transaction ID: 2009M02L21BCC00005 Date of Disbursement																				
Mailing Address 7300 CHAPMAN HIGHWAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	1		2	0	0	9												
City KNOXVILLE State TN Zip Code 37920	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD FEES Candidate Name	<table border="1"> <tr> <td colspan="10">3973.15</td> </tr> </table>	3973.15																			
3973.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4618.87

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1404 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NOVA INFORMATION SYSTEMS INC

Mailing Address 7300 CHAPMAN HIGHWAY

City
KNOXVILLEState
TNZip Code
37920Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21BCC00006

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	1	/	2	0	0	9

Amount of Each Disbursement this Period

7065.21

B.

Full Name (Last, First, Middle Initial)

DELITA ALEXANDER

Mailing Address 7554 ABBINGTON DR

City
OXON HILLState
MDZip Code
20745Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21BPA00001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

1043.81

C.

Full Name (Last, First, Middle Initial)

DELITA ALEXANDER

Mailing Address 7554 ABBINGTON DR

City
OXON HILLState
MDZip Code
20745Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21BPA00002

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Amount of Each Disbursement this Period

1041.40

SUBTOTAL of Disbursements This Page (optional)

9150.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1405 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ERIC R ANDERSON	Transaction ID: 2009M02L21BPA00003 Date of Disbursement																				
Mailing Address 6547 GRANGE LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22315	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2632.40</td> </tr> </table>	2632.40																			
2632.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JAMES C ANDERSON	Transaction ID: 2009M02L21BPA00004 Date of Disbursement																				
Mailing Address 3928 GEORGETOWN CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2177.41</td> </tr> </table>	2177.41																			
2177.41																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ERIC R ANDERSON	Transaction ID: 2009M02L21BPA00005 Date of Disbursement																				
Mailing Address 6547 GRANGE LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22315	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2619.97</td> </tr> </table>	2619.97																			
2619.97																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7429.78

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JAMES C ANDERSON	Transaction ID: 2009M02L21BPA00006 Date of Disbursement																				
Mailing Address 3928 GEORGETOWN CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20007 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">2177.42</td> </tr> </table>	2177.42																			
2177.42																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
B. Full Name (Last, First, Middle Initial) MICHELLE L. ASHENFELTER	Transaction ID: 2009M02L21BPA00007 Date of Disbursement																				
Mailing Address 2012 NE 15TH AVENUE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PORTLAND State OR Zip Code 97212 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">2375.49</td> </tr> </table>	2375.49																			
2375.49																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
C. Full Name (Last, First, Middle Initial) MICHELLE L. ASHENFELTER	Transaction ID: 2009M02L21BPA00008 Date of Disbursement																				
Mailing Address 2012 NE 15TH AVENUE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City PORTLAND State OR Zip Code 97212 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">5266.18</td> </tr> </table>	5266.18																			
5266.18																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

9819.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MEGAN BADASCH	Transaction ID: 2009M02L21BPA00009 Date of Disbursement
Mailing Address 1341 CORCORAN ST NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>2506.04</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MEGAN BADASCH	Transaction ID: 2009M02L21BPA00010 Date of Disbursement
Mailing Address 1341 CORCORAN ST NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>2506.04</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JAY C BANNING	Transaction ID: 2009M02L21BPA00011 Date of Disbursement
Mailing Address 2127 CALIFORNIA ST N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>5683.65</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

10695.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JAY C BANNING	Transaction ID: 2009M02L21BPA00012 Date of Disbursement
Mailing Address 2127 CALIFORNIA ST N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>5648.20</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MELISSA A BARND	Transaction ID: 2009M02L21BPA00013 Date of Disbursement
Mailing Address 328 D STREET SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1227.60</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MELISSA A BARND	Transaction ID: 2009M02L21BPA00014 Date of Disbursement
Mailing Address 328 D STREET SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1217.62</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

8093.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1409 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) IAN S BARTELS	Transaction ID: 2009M02L21BPA00015 Date of Disbursement																				
Mailing Address 1200 N WEITCH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1097.78</td> </tr> </table>	1097.78																			
1097.78																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) IAN S BARTELS	Transaction ID: 2009M02L21BPA00016 Date of Disbursement																				
Mailing Address 1200 N WEITCH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1097.78</td> </tr> </table>	1097.78																			
1097.78																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CHAD M BARTH	Transaction ID: 2009M02L21BPA00017 Date of Disbursement																				
Mailing Address 1943 COLUMBIA PIKE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22204	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2506.05</td> </tr> </table>	2506.05																			
2506.05																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4701.61

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1411 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MICHAEL J BEACH	Transaction ID: 2009M02L21BPA00021 Date of Disbursement																				
Mailing Address 816 SOUTH 18TH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2288.88</td> </tr> </table>	2288.88																			
2288.88																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MICHAEL J BEACH	Transaction ID: 2009M02L21BPA00022 Date of Disbursement																				
Mailing Address 816 SOUTH 18TH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4690.40</td> </tr> </table>	4690.40																			
4690.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) RICHARD C BEESON	Transaction ID: 2009M02L21BPA00023 Date of Disbursement																				
Mailing Address 42616 VISTA RIDGE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City PARKER State CO Zip Code 80138	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">5691.06</td> </tr> </table>	5691.06																			
5691.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

12670.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RICHARD C BEESON	Transaction ID: 2009M02L21BPA00024 Date of Disbursement																				
Mailing Address 42616 VISTA RIDGE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City PARKER State CO Zip Code 80138	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">5691.07</td> </tr> </table>	5691.07																			
5691.07																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JONATHAN D BLACK	Transaction ID: 2009M02L21BPA00025 Date of Disbursement																				
Mailing Address 1001 WILSON BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22209	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1439.35</td> </tr> </table>	1439.35																			
1439.35																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JONATHAN D BLACK	Transaction ID: 2009M02L21BPA00026 Date of Disbursement																				
Mailing Address 1001 WILSON BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22209	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1439.35</td> </tr> </table>	1439.35																			
1439.35																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8569.77

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1413 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DANIEL D BLUM	Transaction ID: 2009M02L21BPA00027 Date of Disbursement																				
Mailing Address 329 C STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1136.99</td> </tr> </table>	1136.99																			
1136.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) DANIEL D BLUM	Transaction ID: 2009M02L21BPA00028 Date of Disbursement																				
Mailing Address 329 C STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1137.00</td> </tr> </table>	1137.00																			
1137.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) KATHRYN E BOYD	Transaction ID: 2009M02L21BPA00029 Date of Disbursement																				
Mailing Address 1200 NO VEITH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1281.49</td> </tr> </table>	1281.49																			
1281.49																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3555.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1414 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) KATHRYN E BOYD	Transaction ID: 2009M02L21BPA00030 Date of Disbursement																				
Mailing Address 1200 NO VEITH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1281.49</td> </tr> </table>	1281.49																			
1281.49																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) CHRISTY L BRITTON	Transaction ID: 2009M02L21BPA00031 Date of Disbursement																				
Mailing Address 1118A NO STAFFORD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1420.64</td> </tr> </table>	1420.64																			
1420.64																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CHRISTY L BRITTON	Transaction ID: 2009M02L21BPA00032 Date of Disbursement																				
Mailing Address 1118A NO STAFFORD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1420.63</td> </tr> </table>	1420.63																			
1420.63																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4122.76

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1415 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JOHN G BROWN JR	Transaction ID: 2009M02L21BPA00033 Date of Disbursement																				
Mailing Address 8655 BENT ARROW CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City SPRINGFIELD State VA Zip Code 22153	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1239.82</td> </tr> </table>	1239.82																			
1239.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JOHN G BROWN JR	Transaction ID: 2009M02L21BPA00034 Date of Disbursement																				
Mailing Address 8655 BENT ARROW CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City SPRINGFIELD State VA Zip Code 22153	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1239.82</td> </tr> </table>	1239.82																			
1239.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) RANDALL L. BUMPS	Transaction ID: 2009M02L21BPA00035 Date of Disbursement																				
Mailing Address 35 BUTLER HILL ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City MINOT State ME Zip Code 04258	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3880.27</td> </tr> </table>	3880.27																			
3880.27																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6359.91

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN NATIONAL COMMITTEE

8298.81

1390.93

1390.92

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1417 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SEAN S CAIRNCROSS	Transaction ID: 2009M02L21BPA00039 Date of Disbursement																				
Mailing Address 2113 12TH ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">4083.30</td> </tr> </table>	4083.30																			
4083.30																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SEAN S CAIRNCROSS	Transaction ID: 2009M02L21BPA00040 Date of Disbursement																				
Mailing Address 2113 12TH ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">7825.75</td> </tr> </table>	7825.75																			
7825.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MICHAEL R CARPENTER	Transaction ID: 2009M02L21BPA00041 Date of Disbursement																				
Mailing Address 101 HILLVIEW CIRCLE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City SPENCER State WV Zip Code 25276	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1583.02</td> </tr> </table>	1583.02																			
1583.02																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

13492.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1418 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MICHAEL R CARPENTER	Transaction ID: 2009M02L21BPA00042 Date of Disbursement																				
Mailing Address 101 HILLVIEW CIRCLE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City SPENCER State WV Zip Code 25276	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1583.02</td> </tr> </table>	1583.02																			
1583.02																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ANDELIZ N CASTILLO	Transaction ID: 2009M02L21BPA00043 Date of Disbursement																				
Mailing Address 401 HOLLAND LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1572.78</td> </tr> </table>	1572.78																			
1572.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ANDELIZ N CASTILLO	Transaction ID: 2009M02L21BPA00044 Date of Disbursement																				
Mailing Address 401 HOLLAND LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1572.77</td> </tr> </table>	1572.77																			
1572.77																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4728.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1419 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) WITOLD CHRABASZCZ	Transaction ID: 2009M02L21BPA00045 Date of Disbursement
Mailing Address 25 MAKARA DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City DRUMS State PA Zip Code 18222	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1546.54</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) WITOLD CHRABASZCZ	Transaction ID: 2009M02L21BPA00046 Date of Disbursement
Mailing Address 25 MAKARA DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City DRUMS State PA Zip Code 18222	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1541.66</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) ROGER ALEXANDER CONANT	Transaction ID: 2009M02L21BPA00047 Date of Disbursement
Mailing Address 1813 BILTMORE ST NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>2644.10</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional)	<div>5732.30</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ROGER ALEXANDER CONANT	Transaction ID: 2009M02L21BPA00048 Date of Disbursement
Mailing Address 1813 BILTMORE ST NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>2644.09</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SEAN CONNER	Transaction ID: 2009M02L21BPA00049 Date of Disbursement
Mailing Address P O BOX 2957	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20013	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1255.89</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SEAN CONNER	Transaction ID: 2009M02L21BPA00050 Date of Disbursement
Mailing Address P O BOX 2957	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20013	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1255.89</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional)	<div>5155.87</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) PHILIP P COPPAGE	Transaction ID: 2009M02L21BPA00051 Date of Disbursement																				
Mailing Address 415 N JERSEY AVE SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1856.44</td> </tr> </table>	1856.44																			
1856.44																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) PHILIP P COPPAGE	Transaction ID: 2009M02L21BPA00052 Date of Disbursement																				
Mailing Address 415 N JERSEY AVE SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1848.20</td> </tr> </table>	1848.20																			
1848.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) KERI A COTTERMAN	Transaction ID: 2009M02L21BPA00053 Date of Disbursement																				
Mailing Address 223 12TH STREET NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1667.80</td> </tr> </table>	1667.80																			
1667.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5372.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1422 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) KERI A COTTERMAN	Transaction ID: 2009M02L21BPA00054 Date of Disbursement																				
Mailing Address 223 12TH STREET NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1667.81</td> </tr> </table>	1667.81																			
1667.81																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JEAN FRANCOIS HANS COUTARD	Transaction ID: 2009M02L21BPA00055 Date of Disbursement																				
Mailing Address 1611 PARK ROAD NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20010	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1270.80</td> </tr> </table>	1270.80																			
1270.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JEAN FRANCOIS HANS COUTARD	Transaction ID: 2009M02L21BPA00056 Date of Disbursement																				
Mailing Address 1611 PARK ROAD NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20010	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1148.27</td> </tr> </table>	1148.27																			
1148.27																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4086.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) WILLIAM F CROZER	Transaction ID: 2009M02L21BPA00057 Date of Disbursement																				
Mailing Address 1301 M STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1138.44</td> </tr> </table>	1138.44																			
1138.44																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
B. Full Name (Last, First, Middle Initial) WILLIAM F CROZER	Transaction ID: 2009M02L21BPA00058 Date of Disbursement																				
Mailing Address 1301 M STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1138.44</td> </tr> </table>	1138.44																			
1138.44																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
C. Full Name (Last, First, Middle Initial) JOSHUA G DANIELS	Transaction ID: 2009M02L21BPA00059 Date of Disbursement																				
Mailing Address 4509 BEECHWOOD ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City COLLEGE PARK State MD Zip Code 20741 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">317.14</td> </tr> </table>	317.14																			
317.14																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

2594.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JOSHUA G DANIELS	Transaction ID: 2009M02L21BPA00060 Date of Disbursement																				
Mailing Address 4509 BEECHWOOD ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City COLLEGE PARK State MD Zip Code 20741	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">726.50</td> </tr> </table>	726.50																			
726.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ALEXIS V DARNELL	Transaction ID: 2009M02L21BPA00061 Date of Disbursement																				
Mailing Address 1807 PALOMAS NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALBUQUERQUE State NM Zip Code 87110	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2793.22</td> </tr> </table>	2793.22																			
2793.22																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ALEXIS V DARNELL	Transaction ID: 2009M02L21BPA00062 Date of Disbursement																				
Mailing Address 1807 PALOMAS NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ALBUQUERQUE State NM Zip Code 87110	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2793.23</td> </tr> </table>	2793.23																			
2793.23																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6312.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1425 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JO ANN DAVIDSON	Transaction ID: 2009M02L21BPA00063 Date of Disbursement																				
Mailing Address 6639 FORRESTER WAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City REYNOLDSBURG State OH Zip Code 43068	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4026.09</td> </tr> </table>	4026.09																			
4026.09																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JO ANN DAVIDSON	Transaction ID: 2009M02L21BPA00064 Date of Disbursement																				
Mailing Address 6639 FORRESTER WAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City REYNOLDSBURG State OH Zip Code 43068	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4010.63</td> </tr> </table>	4010.63																			
4010.63																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) NANCY HOPE DEHLINGER	Transaction ID: 2009M02L21BPA00065 Date of Disbursement																				
Mailing Address 9004 GOLDEN PASS	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City LAUREL State MD Zip Code 20708	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1640.74</td> </tr> </table>	1640.74																			
1640.74																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

9677.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1426 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NANCY HOPE DEHLINGER	Transaction ID: 2009M02L21BPA00066 Date of Disbursement																				
Mailing Address 9004 GOLDEN PASS	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City LAUREL State MD Zip Code 20708	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1533.10</td> </tr> </table>	1533.10																			
1533.10																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) TONY C DENNIS	Transaction ID: 2009M02L21BPA00067 Date of Disbursement																				
Mailing Address 8107 PICARD LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">912.37</td> </tr> </table>	912.37																			
912.37																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) TONY C DENNIS	Transaction ID: 2009M02L21BPA00068 Date of Disbursement																				
Mailing Address 8107 PICARD LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">912.37</td> </tr> </table>	912.37																			
912.37																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3357.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DANNY LOPEZ DIAZ	Transaction ID: 2009M02L21BPA00069 Date of Disbursement																				
Mailing Address 7400 ESTABAN PLACE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City SPRINGFIELD State VA Zip Code 22151	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">5431.64</td> </tr> </table>	5431.64																			
5431.64																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) DANNY LOPEZ DIAZ	Transaction ID: 2009M02L21BPA00070 Date of Disbursement																				
Mailing Address 7400 ESTABAN PLACE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City SPRINGFIELD State VA Zip Code 22151	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">5431.66</td> </tr> </table>	5431.66																			
5431.66																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MOLLY K DONLIN	Transaction ID: 2009M02L21BPA00071 Date of Disbursement																				
Mailing Address 1800 ASCHINGER BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City COLUMBUS State OH Zip Code 43212	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1737.69</td> </tr> </table>	1737.69																			
1737.69																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

12600.99

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1429 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ROBERT M DUNCAN Mailing Address P O BOX 331	Transaction ID: 2009M02L21BPA00075 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9										
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		1	5		2	0	0	9																						
City INEZ State KY Zip Code 41224 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">5942.56</td> </tr> </table>	5942.56																													
5942.56																															
B. Full Name (Last, First, Middle Initial) ROBERT M DUNCAN Mailing Address P O BOX 331 City INEZ State KY Zip Code 41224 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21BPA00076 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">5920.55</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9	5920.55									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		3	0		2	0	0	9																						
5920.55																															
C. Full Name (Last, First, Middle Initial) JESSICA D. ENNIS Mailing Address 116 N CAROLINA AVE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21BPA00077 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">2803.90</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9	2803.90									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		1	5		2	0	0	9																						
2803.90																															

SUBTOTAL of Disbursements This Page (optional)

14667.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1430 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JESSICA D. ENNIS	Transaction ID: 2009M02L21BPA00078 Date of Disbursement																				
Mailing Address 116 N CAROLINA AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2803.90</td> </tr> </table>	2803.90																			
2803.90																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) DIRK E EYMAN	Transaction ID: 2009M02L21BPA00079 Date of Disbursement																				
Mailing Address 20301 THUNDERHEAD WY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City GERMANTOWN State MD Zip Code 20874	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3314.64</td> </tr> </table>	3314.64																			
3314.64																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) DIRK E EYMAN	Transaction ID: 2009M02L21BPA00080 Date of Disbursement																				
Mailing Address 20301 THUNDERHEAD WY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City GERMANTOWN State MD Zip Code 20874	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3114.87</td> </tr> </table>	3114.87																			
3114.87																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

9233.41

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1431 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) THOMAS P FEDDO	Transaction ID: 2009M02L21BPA00081 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9
	Mailing Address 2405 APPLE HILL ROAD	
	City ALEXANDRIA State VA Zip Code 22308	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	3264.44
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) THOMAS P FEDDO	Transaction ID: 2009M02L21BPA00082 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9
	Mailing Address 2405 APPLE HILL ROAD	
	City ALEXANDRIA State VA Zip Code 22308	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	6605.34
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) JULIE M FLEMING	Transaction ID: 2009M02L21BPA00083 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9
	Mailing Address 6719 BOSTWICK DRIVE	
	City SPRINGFIELD State VA Zip Code 22151	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	1182.04
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	SUBTOTAL of Disbursements This Page (optional)	11051.82
	TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1432 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JULIE M FLEMING	Transaction ID: 2009M02L21BPA00084 Date of Disbursement																				
Mailing Address 6719 BOSTWICK DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City SPRINGFIELD State VA Zip Code 22151	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1179.54</td> </tr> </table>	1179.54																			
1179.54																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) NEVA R FOLEY	Transaction ID: 2009M02L21BPA00085 Date of Disbursement																				
Mailing Address 790 NORTH RIPLEY ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22304	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1646.44</td> </tr> </table>	1646.44																			
1646.44																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) NEVA R FOLEY	Transaction ID: 2009M02L21BPA00086 Date of Disbursement																				
Mailing Address 790 NORTH RIPLEY ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22304	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1646.45</td> </tr> </table>	1646.45																			
1646.45																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4472.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1433 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SUSAN L FORRESTER	Transaction ID: 2009M02L21BPA00087 Date of Disbursement																				
Mailing Address 320 QUAKER RIDGE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City TIMONIUM State MD Zip Code 21093	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3132.47</td> </tr> </table>	3132.47																			
3132.47																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SUSAN L FORRESTER	Transaction ID: 2009M02L21BPA00088 Date of Disbursement																				
Mailing Address 320 QUAKER RIDGE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City TIMONIUM State MD Zip Code 21093	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3132.47</td> </tr> </table>	3132.47																			
3132.47																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ELIZABETH M FRANKER	Transaction ID: 2009M02L21BPA00089 Date of Disbursement																				
Mailing Address 11011A VILLARIDGE CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1197.79</td> </tr> </table>	1197.79																			
1197.79																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7462.73

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1435 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TODD M GARLAND	Transaction ID: 2009M02L21BPA00093 Date of Disbursement																				
Mailing Address 11005 BIRDFOOT CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1028.38</td> </tr> </table>	1028.38																			
1028.38																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) TODD M GARLAND	Transaction ID: 2009M02L21BPA00094 Date of Disbursement																				
Mailing Address 11005 BIRDFOOT CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1018.38</td> </tr> </table>	1018.38																			
1018.38																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JOHN OATES GIBSON	Transaction ID: 2009M02L21BPA00095 Date of Disbursement																				
Mailing Address 29 EVERGREEN LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City HADDONFIELD State NJ Zip Code 08033	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2455.52</td> </tr> </table>	2455.52																			
2455.52																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4502.28

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1436 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JOHN OATES GIBSON Mailing Address 29 EVERGREEN LANE	Transaction ID: 2009M02L21BPA00096 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9										
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		3	0		2	0	0	9																						
City HADDONFIELD State NJ Zip Code 08033 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">2451.79</td> </tr> </table>	2451.79																													
2451.79																															
B. Full Name (Last, First, Middle Initial) MICHAEL T GILDING Mailing Address 1723 GOSNELL ROAD City VIENNA State VA Zip Code 22182 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21BPA00097 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1553.72</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9	1553.72									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		1	5		2	0	0	9																						
1553.72																															
C. Full Name (Last, First, Middle Initial) MICHAEL T GILDING Mailing Address 1723 GOSNELL ROAD City VIENNA State VA Zip Code 22182 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21BPA00098 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1553.73</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9	1553.73									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		3	0		2	0	0	9																						
1553.73																															

SUBTOTAL of Disbursements This Page (optional)

5559.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NATALIE A GILLAM Mailing Address 888 THREE CHOPT ROAD	Transaction ID: 2009M02L21BPA00099 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City MANAKIN SABOT State VA Zip Code 23103 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1037.25</div>
B. Full Name (Last, First, Middle Initial) NATALIE A GILLAM Mailing Address 888 THREE CHOPT ROAD City MANAKIN SABOT State VA Zip Code 23103 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21BPA00100 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1037.27</div>
C. Full Name (Last, First, Middle Initial) BENJAMIN P GILMAN Mailing Address 72 WILSON ROAD City GORHAM State ME Zip Code 07038 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21BPA00101 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2426.04</div>

SUBTOTAL of Disbursements This Page (optional)

4500.56

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1438 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BENJAMIN P GILMAN Mailing Address 72 WILSON ROAD	Transaction ID: 2009M02L21BPA00102 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City GORHAM State ME Zip Code 07038 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1905.73</div>
B. Full Name (Last, First, Middle Initial) JONATHAN L GILMORE Mailing Address 3650 S GLEBE ROAD City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21BPA00103 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1509.17</div>
C. Full Name (Last, First, Middle Initial) JONATHAN L GILMORE Mailing Address 3650 S GLEBE ROAD City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21BPA00104 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1503.15</div>

SUBTOTAL of Disbursements This Page (optional)

4918.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) HEATHER B GODWIN	Transaction ID: 2009M02L21BPA00105 Date of Disbursement																				
Mailing Address 6917 VANCOUVER ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City SPRINGFIELD State VA Zip Code 22152 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>4</td><td>9</td><td>5</td><td>.</td><td>3</td><td>0</td> </tr> </table>	2	4	9	5	.	3	0													
2	4	9	5	.	3	0															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
B. Full Name (Last, First, Middle Initial) HEATHER B GODWIN	Transaction ID: 2009M02L21BPA00106 Date of Disbursement																				
Mailing Address 6917 VANCOUVER ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City SPRINGFIELD State VA Zip Code 22152 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>4</td><td>9</td><td>5</td><td>.</td><td>2</td><td>9</td> </tr> </table>	2	4	9	5	.	2	9													
2	4	9	5	.	2	9															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
C. Full Name (Last, First, Middle Initial) PHYLLIS M GREENE	Transaction ID: 2009M02L21BPA00107 Date of Disbursement																				
Mailing Address 1728 ALBERT DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City MITCHELLVILLE State MD Zip Code 20721 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>9</td><td>8</td><td>5</td><td>.</td><td>4</td><td>6</td> </tr> </table>	9	8	5	.	4	6														
9	8	5	.	4	6																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

5976.05

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CHRIS B GULUGIAN-TAYLOR	Transaction ID: 2009M02L21BPA00111 Date of Disbursement																				
Mailing Address 2514 41ST AVE EAST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City SEATTLE State WA Zip Code 98112	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2613.02</td> </tr> </table>	2613.02																			
2613.02																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) CHRIS B GULUGIAN-TAYLOR	Transaction ID: 2009M02L21BPA00112 Date of Disbursement																				
Mailing Address 2514 41ST AVE EAST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City SEATTLE State WA Zip Code 98112	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2613.03</td> </tr> </table>	2613.03																			
2613.03																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) YONNICK G HAMMOND	Transaction ID: 2009M02L21BPA00113 Date of Disbursement																				
Mailing Address 4610 BATTERY RANGE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City CHARLESTON State SC Zip Code 29420	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1067.95</td> </tr> </table>	1067.95																			
1067.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">6294.00</td> </tr> </table>	6294.00																			
6294.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SEAN A HAYES	Transaction ID: 2009M02L21BPA00117 Date of Disbursement																				
Mailing Address 1425 P STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2292.55</td> </tr> </table>	2292.55																			
2292.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SEAN A HAYES	Transaction ID: 2009M02L21BPA00118 Date of Disbursement																				
Mailing Address 1425 P STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2292.55</td> </tr> </table>	2292.55																			
2292.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) KIRK HENDERSON	Transaction ID: 2009M02L21BPA00119 Date of Disbursement																				
Mailing Address 1600 S JOYCE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1198.15</td> </tr> </table>	1198.15																			
1198.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5783.25

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

1198.14

2483.37

2481.84

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NANCY DUDIAK HIBBS	Transaction ID: 2009M02L21BPA00123 Date of Disbursement																				
Mailing Address 1005 NEW DAWN LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ODEONTON State MD Zip Code 21113	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2688.51</td> </tr> </table>	2688.51																			
2688.51																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) NANCY DUDIAK HIBBS	Transaction ID: 2009M02L21BPA00124 Date of Disbursement																				
Mailing Address 1005 NEW DAWN LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ODEONTON State MD Zip Code 21113	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2674.97</td> </tr> </table>	2674.97																			
2674.97																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) PATRICIA E HUYCK	Transaction ID: 2009M02L21BPA00125 Date of Disbursement																				
Mailing Address 2108 GRAYSTONE COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City FREDERICK State MD Zip Code 21702	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2625.51</td> </tr> </table>	2625.51																			
2625.51																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">7988.99</td> </tr> </table>	7988.99																			
7988.99																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) PATRICIA E HUYCK	Transaction ID: 2009M02L21BPA00126 Date of Disbursement																				
Mailing Address 2108 GRAYSTONE COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City FREDERICK State MD Zip Code 21702	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2607.33</td> </tr> </table>	2607.33																			
2607.33																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ERIN E INGRAHAM	Transaction ID: 2009M02L21BPA00127 Date of Disbursement																				
Mailing Address 2331 CATHEDRAL AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1520.72</td> </tr> </table>	1520.72																			
1520.72																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ERIN E INGRAHAM	Transaction ID: 2009M02L21BPA00128 Date of Disbursement																				
Mailing Address 2331 CATHEDRAL AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1518.22</td> </tr> </table>	1518.22																			
1518.22																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5646.27

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) DANIEL A ITEN	Transaction ID: 2009M02L21BPA00129 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9
Mailing Address 4405 FIRST ROAD S		
City ARLINGTON State VA Zip Code 22204		Amount of Each Disbursement this Period 1913.46
Purpose of Disbursement PAYROLL Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B.	Full Name (Last, First, Middle Initial) DANIEL A ITEN	Transaction ID: 2009M02L21BPA00130 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9
Mailing Address 4405 FIRST ROAD S		
City ARLINGTON State VA Zip Code 22204		Amount of Each Disbursement this Period 1913.46
Purpose of Disbursement PAYROLL Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) TERESSA JACKSON	Transaction ID: 2009M02L21BPA00131 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9
Mailing Address 3907 SOUTHERN AVE		
City SUITLAND State MD Zip Code 20746		Amount of Each Disbursement this Period 2035.70
Purpose of Disbursement PAYROLL Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		5862.62
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TERESSA JACKSON Mailing Address 3907 SOUTHERN AVE	Transaction ID: 2009M02L21BPA00132 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City SUITLAND State MD Zip Code 20746 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1771.10</div>
B. Full Name (Last, First, Middle Initial) RACHEL I JACOBS Mailing Address 209 E GLENDALE AVE City ALEXANDRIA State VA Zip Code 22301 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21BPA00133 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1144.70</div>
C. Full Name (Last, First, Middle Initial) RACHEL I JACOBS Mailing Address 209 E GLENDALE AVE City ALEXANDRIA State VA Zip Code 22301 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21BPA00134 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1141.64</div>

SUBTOTAL of Disbursements This Page (optional)

4057.44

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) HEATHER O JEFFREYS <hr/> Mailing Address 2721 SO ADAMS STREET <hr/> <table> <tr> <td>City ARLINGTON</td> <td>State VA</td> <td>Zip Code 22206</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement PAYROLL</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	City ARLINGTON	State VA	Zip Code 22206	Purpose of Disbursement PAYROLL	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		Transaction ID: 2009M02L21BPA00135 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> <hr/> Amount of Each Disbursement this Period <div>1061.93</div>
City ARLINGTON	State VA	Zip Code 22206										
Purpose of Disbursement PAYROLL	<div>Category/ Type</div>											
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State: District:												
B.	Full Name (Last, First, Middle Initial) HEATHER O JEFFREYS <hr/> Mailing Address 2721 SO ADAMS STREET <hr/> <table> <tr> <td>City ARLINGTON</td> <td>State VA</td> <td>Zip Code 22206</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement PAYROLL</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	City ARLINGTON	State VA	Zip Code 22206	Purpose of Disbursement PAYROLL	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		Transaction ID: 2009M02L21BPA00136 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div> <hr/> Amount of Each Disbursement this Period <div>1058.87</div>
City ARLINGTON	State VA	Zip Code 22206										
Purpose of Disbursement PAYROLL	<div>Category/ Type</div>											
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State: District:												
C.	Full Name (Last, First, Middle Initial) MONICA LOUISE JOHNSON <hr/> Mailing Address 129 R ST., NE <hr/> <table> <tr> <td>City WASHINGTON</td> <td>State DC</td> <td>Zip Code 20002</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement PAYROLL</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	City WASHINGTON	State DC	Zip Code 20002	Purpose of Disbursement PAYROLL	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		Transaction ID: 2009M02L21BPA00137 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> <hr/> Amount of Each Disbursement this Period <div>332.51</div>
City WASHINGTON	State DC	Zip Code 20002										
Purpose of Disbursement PAYROLL	<div>Category/ Type</div>											
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State: District:												
SUBTOTAL of Disbursements This Page (optional) ►		<div>2453.31</div>										
TOTAL This Period (last page this line number only) ►		<div></div>										

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CRYSTAL RENEE JOHNSON Mailing Address P.O. BOX 471747	Transaction ID: 2009M02L21BPA00138 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City FORESTVILLE State MD Zip Code 20753 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1424.17</div>
B. Full Name (Last, First, Middle Initial) JEFFREY GORDON JOHNSON Mailing Address 1409 HAMLIN ST NE City WASHINGTON State DC Zip Code 20017 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21BPA00139 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1641.87</div>
C. Full Name (Last, First, Middle Initial) JUSTON P JOHNSON Mailing Address 820 WILLIAMSON City MADISON State WI Zip Code 53703 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21BPA00140 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1737.61</div>

SUBTOTAL of Disbursements This Page (optional)

4803.65

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
MONICA LOUISE JOHNSON

Mailing Address 129 R ST., NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21BPA00141

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Amount of Each Disbursement this Period

416.28

B.Full Name (Last, First, Middle Initial)
CRYSTAL RENEE JOHNSON

Mailing Address P.O. BOX 471747

City FORESTVILLE State MD Zip Code 20753

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21BPA00142

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Amount of Each Disbursement this Period

1417.53

C.Full Name (Last, First, Middle Initial)
JEFFREY GORDON JOHNSON

Mailing Address 1409 HAMLIN ST NE

City WASHINGTON State DC Zip Code 20017

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21BPA00143

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Amount of Each Disbursement this Period

1635.36

SUBTOTAL of Disbursements This Page (optional)

3469.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JUSTON P JOHNSON	Transaction ID: 2009M02L21BPA00144 Date of Disbursement																				
Mailing Address 820 WILLIAMSON	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City MADISON State WI Zip Code 53703	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1737.62</td> </tr> </table>	1737.62																			
1737.62																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ROBERT EUGENE JONES III	Transaction ID: 2009M02L21BPA00145 Date of Disbursement																				
Mailing Address 509 E STREET NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1128.44</td> </tr> </table>	1128.44																			
1128.44																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ROBERT EUGENE JONES III	Transaction ID: 2009M02L21BPA00146 Date of Disbursement																				
Mailing Address 509 E STREET NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1128.44</td> </tr> </table>	1128.44																			
1128.44																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3994.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1453 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JESSE E KAMZOL	Transaction ID: 2009M02L21BPA00147 Date of Disbursement																				
Mailing Address 41784 WHITETAIL LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City CANTON State MI Zip Code 48188	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1174.01</td> </tr> </table>	1174.01																			
1174.01																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JESSE E KAMZOL	Transaction ID: 2009M02L21BPA00148 Date of Disbursement																				
Mailing Address 41784 WHITETAIL LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City CANTON State MI Zip Code 48188	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1174.00</td> </tr> </table>	1174.00																			
1174.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JEREMY L KENNEY	Transaction ID: 2009M02L21BPA00149 Date of Disbursement																				
Mailing Address 15 3RD ST., NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2640.87</td> </tr> </table>	2640.87																			
2640.87																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4988.88

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1455 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BYRON L KOAY	Transaction ID: 2009M02L21BPA00153 Date of Disbursement																				
Mailing Address 6700 19TH ROAD N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22205	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1225.60</td> </tr> </table>	1225.60																			
1225.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BYRON L KOAY	Transaction ID: 2009M02L21BPA00154 Date of Disbursement																				
Mailing Address 6700 19TH ROAD N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22205	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1225.60</td> </tr> </table>	1225.60																			
1225.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CYRUS KROHN	Transaction ID: 2009M02L21BPA00155 Date of Disbursement																				
Mailing Address 205 WILKES STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4204.56</td> </tr> </table>	4204.56																			
4204.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6655.76

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1456 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CYRUS KROHN	Transaction ID: 2009M02L21BPA00156 Date of Disbursement																				
Mailing Address 205 WILKES STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4204.56</td> </tr> </table>	4204.56																			
4204.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JAMES W LANDRY	Transaction ID: 2009M02L21BPA00157 Date of Disbursement																				
Mailing Address 2606 G SO ARLINGTON	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2684.76</td> </tr> </table>	2684.76																			
2684.76																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JAMES W LANDRY	Transaction ID: 2009M02L21BPA00158 Date of Disbursement																				
Mailing Address 2606 G SO ARLINGTON	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2673.53</td> </tr> </table>	2673.53																			
2673.53																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

9562.85

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1457 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BLAIR W LATOFF	Transaction ID: 2009M02L21BPA00159 Date of Disbursement																				
Mailing Address 1110 DEBRA'S WAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WEST CHESTER State PA Zip Code 19382	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1723.37</td> </tr> </table>	1723.37																			
1723.37																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BLAIR W LATOFF	Transaction ID: 2009M02L21BPA00160 Date of Disbursement																				
Mailing Address 1110 DEBRA'S WAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WEST CHESTER State PA Zip Code 19382	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1723.38</td> </tr> </table>	1723.38																			
1723.38																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MARTINE LAVEIST	Transaction ID: 2009M02L21BPA00161 Date of Disbursement																				
Mailing Address 9002 MANCHESTER RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City SILVER SPRING State MD Zip Code 20901	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1109.06</td> </tr> </table>	1109.06																			
1109.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4555.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1458 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MARTINE LAVEIST	Transaction ID: 2009M02L21BPA00162 Date of Disbursement																				
Mailing Address 9002 MANCHESTER RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City SILVER SPRING State MD Zip Code 20901	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1103.83</td> </tr> </table>	1103.83																			
1103.83																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) DEBORAH P SMITH LE HARDY	Transaction ID: 2009M02L21BPA00163 Date of Disbursement																				
Mailing Address 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3769.49</td> </tr> </table>	3769.49																			
3769.49																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) DEBORAH P SMITH LE HARDY	Transaction ID: 2009M02L21BPA00164 Date of Disbursement																				
Mailing Address 2440 N EDGEWOOD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3651.73</td> </tr> </table>	3651.73																			
3651.73																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8525.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DIANA KAY LEO	Transaction ID: 2009M02L21BPA00165 Date of Disbursement
Mailing Address 1146 EAST 1900 NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City NORTH LOGAN State UT Zip Code 87341	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1418.89</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) DIANA KAY LEO	Transaction ID: 2009M02L21BPA00166 Date of Disbursement
Mailing Address 1146 EAST 1900 NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City NORTH LOGAN State UT Zip Code 87341	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1418.91</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) TERRELL JAMES LEWIS	Transaction ID: 2009M02L21BPA00167 Date of Disbursement
Mailing Address 18419 BARNEY DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ACCOKEEK State MD Zip Code 20607	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>747.80</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3585.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TERRELL JAMES LEWIS	Transaction ID: 2009M02L21BPA00168 Date of Disbursement																				
Mailing Address 18419 BARNEY DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ACCOKEEK State MD Zip Code 20607 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>747.79</td> </tr> </table>	747.79																			
747.79																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
B. Full Name (Last, First, Middle Initial) EDWARD K LIPPMAN	Transaction ID: 2009M02L21BPA00169 Date of Disbursement																				
Mailing Address 9802 THUNDERHILL CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City GREAT FALLS State VA Zip Code 22066 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>757.26</td> </tr> </table>	757.26																			
757.26																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
C. Full Name (Last, First, Middle Initial) EDWARD K LIPPMAN	Transaction ID: 2009M02L21BPA00170 Date of Disbursement																				
Mailing Address 9802 THUNDERHILL CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City GREAT FALLS State VA Zip Code 22066 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>757.26</td> </tr> </table>	757.26																			
757.26																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

2262.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NAHSHON A LITTMAN	Transaction ID: 2009M02L21BPA00171 Date of Disbursement																				
Mailing Address 6617 SEAT PLESENT DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City State Zip Code CAPITOL HEIGHTS MD 20743	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1090.98</td> </tr> </table>	1090.98																			
1090.98																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) NAHSHON A LITTMAN	Transaction ID: 2009M02L21BPA00172 Date of Disbursement																				
Mailing Address 6617 SEAT PLESENT DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City State Zip Code CAPITOL HEIGHTS MD 20743	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1090.97</td> </tr> </table>	1090.97																			
1090.97																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) BRETT M LOYD	Transaction ID: 2009M02L21BPA00173 Date of Disbursement																				
Mailing Address 103 G STRET SW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City State Zip Code WASHINGTON DC 20024	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1063.10</td> </tr> </table>	1063.10																			
1063.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3245.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BRETT M LOYD	Transaction ID: 2009M02L21BPA00174 Date of Disbursement																				
Mailing Address 103 G STRET SW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20024	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1063.09</td> </tr> </table>	1063.09																			
1063.09																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ANTHONY A MAALOUF	Transaction ID: 2009M02L21BPA00175 Date of Disbursement																				
Mailing Address 202 FIRST AVENUE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City NEWTOWN SQUARE State PA Zip Code 19073	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1190.31</td> </tr> </table>	1190.31																			
1190.31																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ANTHONY A MAALOUF	Transaction ID: 2009M02L21BPA00176 Date of Disbursement																				
Mailing Address 202 FIRST AVENUE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City NEWTOWN SQUARE State PA Zip Code 19073	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1190.33</td> </tr> </table>	1190.33																			
1190.33																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3443.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) HANNAH B MAGNOLIA Mailing Address 2710 S ADAMS STREET	Transaction ID: 2009M02L21BPA00177 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22206 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>14.02</div>
B. Full Name (Last, First, Middle Initial) VICTORIA J. MAGUIRE Mailing Address 620 9TH STREET SW City WASHINGTON State DC Zip Code 20024 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21BPA00178 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1461.89</div>
C. Full Name (Last, First, Middle Initial) VICTORIA J. MAGUIRE Mailing Address 620 9TH STREET SW City WASHINGTON State DC Zip Code 20024 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21BPA00179 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1461.88</div>
SUBTOTAL of Disbursements This Page (optional) ▶	<div>2937.79</div>
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1464 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ELIZABETH A MAIR	Transaction ID: 2009M02L21BPA00180 Date of Disbursement																				
Mailing Address 1200 N NASH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22209	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2532.59</td> </tr> </table>	2532.59																			
2532.59																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) CATHERINE R MARCUCCI	Transaction ID: 2009M02L21BPA00181 Date of Disbursement																				
Mailing Address 2623 13TH STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">960.17</td> </tr> </table>	960.17																			
960.17																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CATHERINE R MARCUCCI	Transaction ID: 2009M02L21BPA00182 Date of Disbursement																				
Mailing Address 2623 13TH STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">960.17</td> </tr> </table>	960.17																			
960.17																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4452.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MATTHEW C MASON	Transaction ID: 2009M02L21BPA00183 Date of Disbursement
Mailing Address 11557 PALMER ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City NEWARK State OH Zip Code 43056	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>2612.87</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JEFFREY B MASON	Transaction ID: 2009M02L21BPA00184 Date of Disbursement
Mailing Address 922 EAST CAPITOL NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1961.85</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MATTHEW C MASON	Transaction ID: 2009M02L21BPA00185 Date of Disbursement
Mailing Address 11557 PALMER ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City NEWARK State OH Zip Code 43056	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>2612.88</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7187.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JEFFREY B MASON	Transaction ID: 2009M02L21BPA00186 Date of Disbursement																				
Mailing Address 922 EAST CAPITOL NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1953.36</td> </tr> </table>	1953.36																			
1953.36																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MERRILL E MC CARTY	Transaction ID: 2009M02L21BPA00187 Date of Disbursement																				
Mailing Address 1336 22ND STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20037	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1168.19</td> </tr> </table>	1168.19																			
1168.19																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MERRILL E MC CARTY	Transaction ID: 2009M02L21BPA00188 Date of Disbursement																				
Mailing Address 1336 22ND STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20037	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1168.19</td> </tr> </table>	1168.19																			
1168.19																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4289.74

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JASON S MC CLESKEY	Transaction ID: 2009M02L21BPA00189 Date of Disbursement																				
Mailing Address 5905 MIMOSA PL NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALBUQUERQUE State NM Zip Code 87111	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">3344.60</td> </tr> </table>	3344.60																			
3344.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JASON S MC CLESKEY	Transaction ID: 2009M02L21BPA00190 Date of Disbursement																				
Mailing Address 5905 MIMOSA PL NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ALBUQUERQUE State NM Zip Code 87111	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">3344.59</td> </tr> </table>	3344.59																			
3344.59																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MARTIN CHRISTOPHER MC CONAHAY	Transaction ID: 2009M02L21BPA00191 Date of Disbursement																				
Mailing Address 1254 HALF STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20024	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1333.46</td> </tr> </table>	1333.46																			
1333.46																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">8022.65</td> </tr> </table>	8022.65																			
8022.65																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MARTIN CHRISTOPHER MC CONAHAY	Transaction ID: 2009M02L21BPA00192 Date of Disbursement																				
Mailing Address 1254 HALF STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20024	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1324.23</td> </tr> </table>	1324.23																			
1324.23																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) TROY A MC CURRY	Transaction ID: 2009M02L21BPA00193 Date of Disbursement																				
Mailing Address 610 E CAPITOL ST NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2270.52</td> </tr> </table>	2270.52																			
2270.52																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) TROY A MC CURRY	Transaction ID: 2009M02L21BPA00194 Date of Disbursement																				
Mailing Address 610 E CAPITOL ST NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2270.51</td> </tr> </table>	2270.51																			
2270.51																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5865.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ANN F MC ENIRY	Transaction ID: 2009M02L21BPA00195 Date of Disbursement
Mailing Address 1111 N RANDOLPH ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1225.60</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ANN F MC ENIRY	Transaction ID: 2009M02L21BPA00196 Date of Disbursement
Mailing Address 1111 N RANDOLPH ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1225.60</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CHRISTOPHER A MC NULTY	Transaction ID: 2009M02L21BPA00197 Date of Disbursement
Mailing Address 290 ZIMPFER STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City COLUMBUS State OH Zip Code 43206	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>3683.79</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6134.99

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
CHRISTOPHER A MC NULTY

Mailing Address 290 ZIMPFER STREET

City COLUMBUS State OH Zip Code 43206

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21BPA00198

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Amount of Each Disbursement this Period

3457.27

B.Full Name (Last, First, Middle Initial)
RYAN R MEERSTEIN

Mailing Address 816 18TH STREET SO

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21BPA00199

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

2083.75

C.Full Name (Last, First, Middle Initial)
RYAN R MEERSTEIN

Mailing Address 816 18TH STREET SO

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21BPA00200

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Amount of Each Disbursement this Period

2083.75

SUBTOTAL of Disbursements This Page (optional)

7624.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1471 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NICOLE A MENENDEZ	Transaction ID: 2009M02L21BPA00201 Date of Disbursement																				
Mailing Address 1475 N HIGHVIEW LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22311	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1043.38</td> </tr> </table>	1043.38																			
1043.38																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) NICOLE A MENENDEZ	Transaction ID: 2009M02L21BPA00202 Date of Disbursement																				
Mailing Address 1475 N HIGHVIEW LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22311	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1043.37</td> </tr> </table>	1043.37																			
1043.37																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MAURICE M MIDDLETON	Transaction ID: 2009M02L21BPA00203 Date of Disbursement																				
Mailing Address 1526 CONSTITUTION	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">205.79</td> </tr> </table>	205.79																			
205.79																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2292.54

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1472 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MAURICE M MIDDLETON	Transaction ID: 2009M02L21BPA00204 Date of Disbursement																				
Mailing Address 1526 CONSTITUTION	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">403.91</td> </tr> </table>	403.91																			
403.91																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BRANDON T MILLS	Transaction ID: 2009M02L21BPA00205 Date of Disbursement																				
Mailing Address 1672 N 21ST STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22209	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">982.76</td> </tr> </table>	982.76																			
982.76																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) BRANDON T MILLS	Transaction ID: 2009M02L21BPA00206 Date of Disbursement																				
Mailing Address 1672 N 21ST STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22209	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">982.76</td> </tr> </table>	982.76																			
982.76																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2369.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TERRY SCOTT MORRIS	Transaction ID: 2009M02L21BPA00207 Date of Disbursement																				
Mailing Address 3731 JENIFER ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20015	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2065.20</td> </tr> </table>	2065.20																			
2065.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) TERRY SCOTT MORRIS	Transaction ID: 2009M02L21BPA00208 Date of Disbursement																				
Mailing Address 3731 JENIFER ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20015	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2055.06</td> </tr> </table>	2055.06																			
2055.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JOAN NEGRONI	Transaction ID: 2009M02L21BPA00209 Date of Disbursement																				
Mailing Address 2003 ANNIES WAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City VIENNA State VA Zip Code 22182	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">885.13</td> </tr> </table>	885.13																			
885.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5005.39

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1474 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JOAN NEGRONI	Transaction ID: 2009M02L21BPA00210 Date of Disbursement																				
Mailing Address 2003 ANNIES WAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City VIENNA State VA Zip Code 22182	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">662.83</td> </tr> </table>	662.83																			
662.83																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) KEVIN C NIEHAUS	Transaction ID: 2009M02L21BPA00211 Date of Disbursement																				
Mailing Address 3001 PARK CENTER DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22302	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2829.53</td> </tr> </table>	2829.53																			
2829.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) KEVIN C NIEHAUS	Transaction ID: 2009M02L21BPA00212 Date of Disbursement																				
Mailing Address 3001 PARK CENTER DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22302	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2816.76</td> </tr> </table>	2816.76																			
2816.76																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6309.12

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1477 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BRIAN C PATRICK	Transaction ID: 2009M02L21BPA00219 Date of Disbursement																				
Mailing Address 2782 SIKES CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1253.78</td> </tr> </table>	1253.78																			
1253.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BRIAN C PATRICK	Transaction ID: 2009M02L21BPA00220 Date of Disbursement																				
Mailing Address 2782 SIKES CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1253.78</td> </tr> </table>	1253.78																			
1253.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JESSICA MILLAN PATTERSON	Transaction ID: 2009M02L21BPA00221 Date of Disbursement																				
Mailing Address 2075 ELIZONDO AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City SIMI VALLEY State CA Zip Code 93065	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2586.87</td> </tr> </table>	2586.87																			
2586.87																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5094.43

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1478 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
JESSICA MILLAN PATTERSON

Mailing Address 2075 ELIZONDO AVE

City State Zip Code
SIMI VALLEY CA 93065Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21BPA00222

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Amount of Each Disbursement this Period

2586.88

B.Full Name (Last, First, Middle Initial)
TRICIA D PEARSON

Mailing Address 1229 S ARLINGTON

City State Zip Code
RENO NV 89509Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21BPA00223

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

3397.02

C.Full Name (Last, First, Middle Initial)
TRICIA D PEARSON

Mailing Address 1229 S ARLINGTON

City State Zip Code
RENO NV 89509Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21BPA00224

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Amount of Each Disbursement this Period

3961.27

SUBTOTAL of Disbursements This Page (optional)

9945.17

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1479 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RUSSELL PECK Mailing Address P O BOX 10874	Transaction ID: 2009M02L21BPA00225 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9										
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		1	5		2	0	0	9																						
City TALLAHASSEE State FL Zip Code 32302 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">2200.32</td> </tr> </table>	2200.32																													
2200.32																															
B. Full Name (Last, First, Middle Initial) RUSSELL PECK Mailing Address P O BOX 10874 City TALLAHASSEE State FL Zip Code 32302 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21BPA00226 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">2200.32</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9	2200.32									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		3	0		2	0	0	9																						
2200.32																															
C. Full Name (Last, First, Middle Initial) DANIEL C PERKINS Mailing Address 403 ROLAND ST SW City VIENNA State VA Zip Code 22180 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L21BPA00227 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">3424.30</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9	3424.30									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		1	5		2	0	0	9																						
3424.30																															

SUBTOTAL of Disbursements This Page (optional)

7824.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DANIEL C PERKINS	Transaction ID: 2009M02L21BPA00228 Date of Disbursement																				
Mailing Address 403 ROLAND ST SW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City VIENNA State VA Zip Code 22180	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2931.80</td> </tr> </table>	2931.80																			
2931.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) TREVOR K PERSON	Transaction ID: 2009M02L21BPA00229 Date of Disbursement																				
Mailing Address 42 ALSACE COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City LITTLE ROCK State AR Zip Code 72223	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3123.60</td> </tr> </table>	3123.60																			
3123.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) TREVOR K PERSON	Transaction ID: 2009M02L21BPA00230 Date of Disbursement																				
Mailing Address 42 ALSACE COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City LITTLE ROCK State AR Zip Code 72223	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3113.53</td> </tr> </table>	3113.53																			
3113.53																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

9168.93

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SARAH C PETRE	Transaction ID: 2009M02L21BPA00231 Date of Disbursement																				
Mailing Address 4328 GARRISON ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20016	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1120.17</td> </tr> </table>	1120.17																			
1120.17																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SARAH C PETRE	Transaction ID: 2009M02L21BPA00232 Date of Disbursement																				
Mailing Address 4328 GARRISON ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20016	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1116.95</td> </tr> </table>	1116.95																			
1116.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) TIMOTHY PHELPS	Transaction ID: 2009M02L21BPA00233 Date of Disbursement																				
Mailing Address 3455 LINCOLN STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City DEARBORN State MI Zip Code 48124	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1455.88</td> </tr> </table>	1455.88																			
1455.88																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3693.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VALERIE G. PHILLIPS	Transaction ID: 2009M02L21BPA00234 Date of Disbursement																				
Mailing Address 708 1/2 6TH ST. SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1</td><td>7</td><td>1</td><td>2</td><td>.</td><td>8</td><td>1</td> </tr> </table>	1	7	1	2	.	8	1													
1	7	1	2	.	8	1															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VALERIE G. PHILLIPS	Transaction ID: 2009M02L21BPA00235 Date of Disbursement																				
Mailing Address 708 1/2 6TH ST. SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1</td><td>7</td><td>1</td><td>2</td><td>.</td><td>8</td><td>2</td> </tr> </table>	1	7	1	2	.	8	2													
1	7	1	2	.	8	2															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ENRICO PICCININI	Transaction ID: 2009M02L21BPA00236 Date of Disbursement																				
Mailing Address 6031 HEATHERWOOD DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22310	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1</td><td>2</td><td>6</td><td>9</td><td>.</td><td>8</td><td>2</td> </tr> </table>	1	2	6	9	.	8	2													
1	2	6	9	.	8	2															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4695.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ENRICO PICCININI	Transaction ID: 2009M02L21BPA00237 Date of Disbursement
Mailing Address 6031 HEATHERWOOD DR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22310	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1450.51</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) COURTNEY L PIERCE	Transaction ID: 2009M02L21BPA00238 Date of Disbursement
Mailing Address 14 E REED AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22305	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1013.22</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) COURTNEY L PIERCE	Transaction ID: 2009M02L21BPA00239 Date of Disbursement
Mailing Address 14 E REED AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22305	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1013.21</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3476.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ANDREW F POLESOUSKY	Transaction ID: 2009M02L21BPA00240 Date of Disbursement																				
Mailing Address 640 BRAHLER LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City MAUMEE State OH Zip Code 43537	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1206.25</td> </tr> </table>	1206.25																			
1206.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ANDREW F POLESOUSKY	Transaction ID: 2009M02L21BPA00241 Date of Disbursement																				
Mailing Address 640 BRAHLER LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City MAUMEE State OH Zip Code 43537	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1206.26</td> </tr> </table>	1206.26																			
1206.26																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ROBERT REIMAN POPPER	Transaction ID: 2009M02L21BPA00242 Date of Disbursement																				
Mailing Address 1234 MASS AVE NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1120.14</td> </tr> </table>	1120.14																			
1120.14																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3532.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ROBERT REIMAN POPPER	Transaction ID: 2009M02L21BPA00243 Date of Disbursement																				
Mailing Address 1234 MASS AVE NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>1</td><td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table>	1	1	2	0	1	4														
1	1	2	0	1	4																
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) GENE R PREZOCKI	Transaction ID: 2009M02L21BPA00244 Date of Disbursement																				
Mailing Address 10808 ANTIGUA TERR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ROCKVILLE State MD Zip Code 20852	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>7</td><td>0</td><td>4</td><td>1</td><td>0</td> </tr> </table>	1	7	0	4	1	0														
1	7	0	4	1	0																
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) GENE R PREZOCKI	Transaction ID: 2009M02L21BPA00245 Date of Disbursement																				
Mailing Address 10808 ANTIGUA TERR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ROCKVILLE State MD Zip Code 20852	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>6</td><td>9</td><td>5</td><td>9</td><td>8</td> </tr> </table>	1	6	9	5	9	8														
1	6	9	5	9	8																
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4520.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) GRETCHEN S PURSER	Transaction ID: 2009M02L21BPA00246 Date of Disbursement
Mailing Address 7714 RIDGECREST DR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22308	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1086.12</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) GRETCHEN S PURSER	Transaction ID: 2009M02L21BPA00247 Date of Disbursement
Mailing Address 7714 RIDGECREST DR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22308	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1178.62</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DEEPAK RAMNATH	Transaction ID: 2009M02L21BPA00248 Date of Disbursement
Mailing Address 3000 WASHINGTON BLVD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1313.95</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3578.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DEEPAK RAMNATH	Transaction ID: 2009M02L21BPA00249 Date of Disbursement
Mailing Address 3000 WASHINGTON BLVD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1313.95</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) RACHEL C REA	Transaction ID: 2009M02L21BPA00250 Date of Disbursement
Mailing Address 101 E MT ROYAL AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City BALTIMORE State MD Zip Code 21202	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1084.93</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RACHEL C REA	Transaction ID: 2009M02L21BPA00251 Date of Disbursement
Mailing Address 101 E MT ROYAL AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City BALTIMORE State MD Zip Code 21202	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1084.93</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3483.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CLINTON H REED	Transaction ID: 2009M02L21BPA00252 Date of Disbursement																				
Mailing Address 2223 E LONGHILLS RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City BENTON State AR Zip Code 72019	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2978.33</td> </tr> </table>	2978.33																			
2978.33																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) CLINTON H REED	Transaction ID: 2009M02L21BPA00253 Date of Disbursement																				
Mailing Address 2223 E LONGHILLS RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City BENTON State AR Zip Code 72019	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2978.32</td> </tr> </table>	2978.32																			
2978.32																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SHANNON F REEVES	Transaction ID: 2009M02L21BPA00254 Date of Disbursement																				
Mailing Address 605 CLARIDEN RANCH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City SOUTHLAKE State TX Zip Code 76092	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3037.67</td> </tr> </table>	3037.67																			
3037.67																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8994.32

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SHANNON F REEVES	Transaction ID: 2009M02L21BPA00255 Date of Disbursement																				
Mailing Address 605 CLARIDEN RANCH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City SOUTH LAKE State TX Zip Code 76092	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2261.69</td> </tr> </table>	2261.69																			
2261.69																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) TASHA E. REID	Transaction ID: 2009M02L21BPA00256 Date of Disbursement																				
Mailing Address 4803 SOUTH DAKOTA	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20017	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1190.56</td> </tr> </table>	1190.56																			
1190.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) TASHA E. REID	Transaction ID: 2009M02L21BPA00257 Date of Disbursement																				
Mailing Address 4803 SOUTH DAKOTA	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20017	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1187.52</td> </tr> </table>	1187.52																			
1187.52																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4639.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1490 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SHAWN REINSCHMIEDT	Transaction ID: 2009M02L21BPA00258 Date of Disbursement																				
Mailing Address 3039 M STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3480.84</td> </tr> </table>	3480.84																			
3480.84																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SHAWN REINSCHMIEDT	Transaction ID: 2009M02L21BPA00259 Date of Disbursement																				
Mailing Address 3039 M STREET NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3461.79</td> </tr> </table>	3461.79																			
3461.79																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) WILLIAM J RIGGS	Transaction ID: 2009M02L21BPA00260 Date of Disbursement																				
Mailing Address 1515 JEFF DAVIS HWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1611.73</td> </tr> </table>	1611.73																			
1611.73																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8554.36

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1491 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) WILLIAM J RIGGS	Transaction ID: 2009M02L21BPA00261 Date of Disbursement																				
Mailing Address 1515 JEFF DAVIS HWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1611.74</td> </tr> </table>	1611.74																			
1611.74																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) THOMAS J ROBERTS	Transaction ID: 2009M02L21BPA00262 Date of Disbursement																				
Mailing Address 7815A HARROWGATE CIR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City SPRINGFIELD State VA Zip Code 22152	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1961.50</td> </tr> </table>	1961.50																			
1961.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) THOMAS J ROBERTS	Transaction ID: 2009M02L21BPA00263 Date of Disbursement																				
Mailing Address 7815A HARROWGATE CIR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City SPRINGFIELD State VA Zip Code 22152	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1961.51</td> </tr> </table>	1961.51																			
1961.51																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5534.75

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1492 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DAVID A ROMAN	Transaction ID: 2009M02L21BPA00264 Date of Disbursement																				
Mailing Address 15023 OAK CREST CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City MONTCLAIR State VA Zip Code 22025	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1117.47</td> </tr> </table>	1117.47																			
1117.47																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) DAVID A ROMAN	Transaction ID: 2009M02L21BPA00265 Date of Disbursement																				
Mailing Address 15023 OAK CREST CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City MONTCLAIR State VA Zip Code 22025	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1117.47</td> </tr> </table>	1117.47																			
1117.47																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SARA C ROSE	Transaction ID: 2009M02L21BPA00266 Date of Disbursement																				
Mailing Address 500 mONTICELLO BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22305	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1930.21</td> </tr> </table>	1930.21																			
1930.21																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">4165.15</td> </tr> </table>	4165.15																			
4165.15																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1493 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) SARA C ROSE	Transaction ID: 2009M02L21BPA00267 Date of Disbursement																				
Mailing Address 500 MONTICELLO BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22305	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1930.21</td> </tr> </table>	1930.21																			
1930.21																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JAMES M ROWLEY	Transaction ID: 2009M02L21BPA00268 Date of Disbursement																				
Mailing Address 1812 NORTH HOWARD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22304	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3693.99</td> </tr> </table>	3693.99																			
3693.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JAMES M ROWLEY	Transaction ID: 2009M02L21BPA00269 Date of Disbursement																				
Mailing Address 1812 NORTH HOWARD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22304	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3574.40</td> </tr> </table>	3574.40																			
3574.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

9198.60

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1495 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) GERI B SANDERS	Transaction ID: 2009M02L21BPA00273 Date of Disbursement																				
Mailing Address 5905 TAYLOR ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City RIVERDALE State MD Zip Code 20737	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1595.56</td> </tr> </table>	1595.56																			
1595.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) GORDON K SCHOEPLFLE	Transaction ID: 2009M02L21BPA00274 Date of Disbursement																				
Mailing Address 6520 CHESTERFIELD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City MC LEAN State VA Zip Code 22101	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2681.24</td> </tr> </table>	2681.24																			
2681.24																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) GORDON K SCHOEPLFLE	Transaction ID: 2009M02L21BPA00275 Date of Disbursement																				
Mailing Address 6520 CHESTERFIELD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City MC LEAN State VA Zip Code 22101	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2551.73</td> </tr> </table>	2551.73																			
2551.73																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6828.53

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MICHAEL CHRISTOPHER SCOTT	Transaction ID: 2009M02L21BPA00276 Date of Disbursement
Mailing Address 2111 JEFFERSON DAVIS	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1922.11</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MICHAEL CHRISTOPHER SCOTT	Transaction ID: 2009M02L21BPA00277 Date of Disbursement
Mailing Address 2111 JEFFERSON DAVIS	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1922.13</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RITA CATHARINE SECOR	Transaction ID: 2009M02L21BPA00278 Date of Disbursement
Mailing Address 5970 TRUMAN MANOR PL	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City WALDORF State MD Zip Code 20601	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>3064.88</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6909.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1497 / 1540

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RITA CATHARINE SECOR	Transaction ID: 2009M02L21BPA00279 Date of Disbursement
Mailing Address 5970 TRUMAN MANOR PL	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City WALDORF State MD Zip Code 20601	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div> <div></div> <div>3031.16</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) KRISTINA ANN SEPPALA	Transaction ID: 2009M02L21BPA00280 Date of Disbursement
Mailing Address 123 SOUTH WEST ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div> <div></div> <div>2377.00</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) KRISTINA ANN SEPPALA	Transaction ID: 2009M02L21BPA00281 Date of Disbursement
Mailing Address 123 SOUTH WEST ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div> <div></div> <div>3285.69</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

8693.85

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN NATIONAL COMMITTEE

1422.67

1422.66

2423.76

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JENNIFER H SHEEHAN	Transaction ID: 2009M02L21BPA00285 Date of Disbursement																				
Mailing Address 1341 CORCORAN ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2411.00</td> </tr> </table>	2411.00																			
2411.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ERIC W SHERRED	Transaction ID: 2009M02L21BPA00286 Date of Disbursement																				
Mailing Address 2800 QUEBEC ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">939.85</td> </tr> </table>	939.85																			
939.85																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ERIC W SHERRED	Transaction ID: 2009M02L21BPA00287 Date of Disbursement																				
Mailing Address 2800 QUEBEC ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1656.38</td> </tr> </table>	1656.38																			
1656.38																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5007.23

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1500 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) ANTOINE D SHORT			Transaction ID: 2009M02L21BPA00288																					
	Mailing Address 13003 JACKSON DRIVE			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		1	5		2	0	0	9															
City FT WASHINGTON State MD Zip Code 20744			Amount of Each Disbursement this Period																						
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			<table border="1"> <tr> <td colspan="10">940.12</td> </tr> </table>		940.12																				
940.12																									
B.	Full Name (Last, First, Middle Initial) ANTOINE D SHORT			Transaction ID: 2009M02L21BPA00289																					
	Mailing Address 13003 JACKSON DRIVE			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		3	0		2	0	0	9															
City FT WASHINGTON State MD Zip Code 20744			Amount of Each Disbursement this Period																						
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			<table border="1"> <tr> <td colspan="10">940.12</td> </tr> </table>		940.12																				
940.12																									
C.	Full Name (Last, First, Middle Initial) HEATHER L SIDWELL			Transaction ID: 2009M02L21BPA00290																					
	Mailing Address 3731 JENIFER ST NW			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		1	5		2	0	0	9															
City WASHINGTON State DC Zip Code 20015			Amount of Each Disbursement this Period																						
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			<table border="1"> <tr> <td colspan="10">2770.63</td> </tr> </table>		2770.63																				
2770.63																									

SUBTOTAL of Disbursements This Page (optional)

4650.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) HEATHER L SIDWELL	Transaction ID: 2009M02L21BPA00291 Date of Disbursement																				
Mailing Address 3731 JENIFER ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20015	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2756.47</td> </tr> </table>	2756.47																			
2756.47																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) KEVIN R SMITH	Transaction ID: 2009M02L21BPA00292 Date of Disbursement																				
Mailing Address 134 WINCHESTER RD S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City LONDON State KY Zip Code 40744	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1218.37</td> </tr> </table>	1218.37																			
1218.37																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) KEVIN R SMITH	Transaction ID: 2009M02L21BPA00293 Date of Disbursement																				
Mailing Address 134 WINCHESTER RD S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City LONDON State KY Zip Code 40744	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1218.38</td> </tr> </table>	1218.38																			
1218.38																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5193.22

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1502 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MELISSA SOUSA	Transaction ID: 2009M02L21BPA00294 Date of Disbursement																				
Mailing Address 3813 COURTLAND CLE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22305	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1169.83</td> </tr> </table>	1169.83																			
1169.83																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MELISSA SOUSA	Transaction ID: 2009M02L21BPA00295 Date of Disbursement																				
Mailing Address 3813 COURTLAND CLE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22305	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1169.85</td> </tr> </table>	1169.85																			
1169.85																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CARMEN M SPENCE	Transaction ID: 2009M02L21BPA00296 Date of Disbursement																				
Mailing Address 5703 27TH ST NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2119.99</td> </tr> </table>	2119.99																			
2119.99																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4459.67

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1503 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CARMEN M SPENCE	Transaction ID: 2009M02L21BPA00297 Date of Disbursement																				
Mailing Address 5703 27TH ST NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2531.16</td> </tr> </table>	2531.16																			
2531.16																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) WILLIAM L STEINER	Transaction ID: 2009M02L21BPA00298 Date of Disbursement																				
Mailing Address 610 N WEST STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4198.41</td> </tr> </table>	4198.41																			
4198.41																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) WILLIAM L STEINER	Transaction ID: 2009M02L21BPA00299 Date of Disbursement																				
Mailing Address 610 N WEST STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4198.41</td> </tr> </table>	4198.41																			
4198.41																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

10927.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1504 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VIVEK T SURTI	Transaction ID: 2009M02L21BPA00300 Date of Disbursement																				
Mailing Address 770 5TH ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">285.39</td> </tr> </table>	285.39																			
285.39																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) AUSTIN TEED	Transaction ID: 2009M02L21BPA00301 Date of Disbursement																				
Mailing Address 10920 GINNYS WAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City GRAVETTE State AR Zip Code 72736	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">435.32</td> </tr> </table>	435.32																			
435.32																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) AUSTIN TEED	Transaction ID: 2009M02L21BPA00302 Date of Disbursement																				
Mailing Address 10920 GINNYS WAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City GRAVETTE State AR Zip Code 72736	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">778.76</td> </tr> </table>	778.76																			
778.76																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1499.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1505 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MARY E THOMAS	Transaction ID: 2009M02L21BPA00303 Date of Disbursement																				
Mailing Address 811 CENTRAL HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City LANDOVER State MD Zip Code 20785	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">222.14</td> </tr> </table>	222.14																			
222.14																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MARY E THOMAS	Transaction ID: 2009M02L21BPA00304 Date of Disbursement																				
Mailing Address 811 CENTRAL HILLS LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City LANDOVER State MD Zip Code 20785	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">341.70</td> </tr> </table>	341.70																			
341.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JONATHAN DAVID THOMPSON	Transaction ID: 2009M02L21BPA00305 Date of Disbursement																				
Mailing Address 1000 NEW JERSEY AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">939.85</td> </tr> </table>	939.85																			
939.85																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1503.69

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1507 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MARY KANNARKAT VERGHESE	Transaction ID: 2009M02L21BPA00309 Date of Disbursement																				
Mailing Address	777 7TH ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	5		2	0	0	9													
City	WASHINGTON	State DC																				
Zip Code	20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement	PAYROLL	<table border="1"> <tr> <td colspan="10">1109.83</td> </tr> </table>	1109.83																			
1109.83																						
Candidate Name		Category/ Type																				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:																				
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B.	Full Name (Last, First, Middle Initial) MARY KANNARKAT VERGHESE	Transaction ID: 2009M02L21BPA00310 Date of Disbursement																				
Mailing Address	777 7TH ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	0		2	0	0	9													
City	WASHINGTON	State DC																				
Zip Code	20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement	PAYROLL	<table border="1"> <tr> <td colspan="10">1109.85</td> </tr> </table>	1109.85																			
1109.85																						
Candidate Name		Category/ Type																				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:																				
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C.	Full Name (Last, First, Middle Initial) JANE C VICK	Transaction ID: 2009M02L21BPA00311 Date of Disbursement																				
Mailing Address	4607 STRATFORD RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	5		2	0	0	9													
City	RICHMOND	State VA																				
Zip Code	23225	Amount of Each Disbursement this Period																				
Purpose of Disbursement	PAYROLL	<table border="1"> <tr> <td colspan="10">1105.41</td> </tr> </table>	1105.41																			
1105.41																						
Candidate Name		Category/ Type																				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:																				
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3325.09

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1508 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

JANE C VICK

Mailing Address 4607 STRATFORD RD

City State Zip Code
RICHMOND VA 23225Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21BPA00312

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Amount of Each Disbursement this Period

1105.43

B.

Full Name (Last, First, Middle Initial)

BRANDON P VIDRINE

Mailing Address 139 W MERRIMACK ST

City State Zip Code
MANCHESTER NH 03101Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21BPA00313

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

2613.02

C.

Full Name (Last, First, Middle Initial)

BRANDON P VIDRINE

Mailing Address 999 N 9TH STREET

City State Zip Code
BATON ROUGE LA 70802Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L21BPA00314

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Amount of Each Disbursement this Period

2613.03

SUBTOTAL of Disbursements This Page (optional)

6331.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BRADLEY J WALP	Transaction ID: 2009M02L21BPA00315 Date of Disbursement																				
Mailing Address 6940 FAIRFAX DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22213	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1745.87</td> </tr> </table>	1745.87																			
1745.87																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BRADLEY J WALP	Transaction ID: 2009M02L21BPA00316 Date of Disbursement																				
Mailing Address 6940 FAIRFAX DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22213	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1738.40</td> </tr> </table>	1738.40																			
1738.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) BRIAN P WALTON	Transaction ID: 2009M02L21BPA00317 Date of Disbursement																				
Mailing Address 1010 S 19TH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2953.79</td> </tr> </table>	2953.79																			
2953.79																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6438.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BRIAN P WALTON	Transaction ID: 2009M02L21BPA00318 Date of Disbursement																				
Mailing Address 1010 S 19TH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">6569.22</td> </tr> </table>	6569.22																			
6569.22																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BRYAN WATKINS	Transaction ID: 2009M02L21BPA00319 Date of Disbursement																				
Mailing Address 1445 POPENOE ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City LA HABRA HEIGHTS State CA Zip Code 90631	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2238.34</td> </tr> </table>	2238.34																			
2238.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) BRYAN WATKINS	Transaction ID: 2009M02L21BPA00320 Date of Disbursement																				
Mailing Address 1445 POPENOE ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City LA HABRA HEIGHTS State CA Zip Code 90631	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2238.34</td> </tr> </table>	2238.34																			
2238.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

11045.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) LORI ANN WEBERG	Transaction ID: 2009M02L21BPA00321 Date of Disbursement
	Mailing Address 1600 SOUTH EADS ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
	City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement PAYROLL</div> <div>Candidate Name</div> <div>Category/ Type</div> </div>	<div>947.78</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
B.	Full Name (Last, First, Middle Initial) LORI ANN WEBERG	Transaction ID: 2009M02L21BPA00322 Date of Disbursement
	Mailing Address 320 23RD STREET S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
	City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement PAYROLL</div> <div>Candidate Name</div> <div>Category/ Type</div> </div>	<div>947.78</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
C.	Full Name (Last, First, Middle Initial) PATRICIA J WEIR	Transaction ID: 2009M02L21BPA00323 Date of Disbursement
	Mailing Address 4561 STRUTFIELD LN	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
	City ALEXANDRIA State VA Zip Code 22311	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement PAYROLL</div> <div>Candidate Name</div> <div>Category/ Type</div> </div>	<div>2263.17</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
	SUBTOTAL of Disbursements This Page (optional) ►	<div>4158.73</div>
	TOTAL This Period (last page this line number only) ►	<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1512 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) PATRICIA J WEIR	Transaction ID: 2009M02L21BPA00324 Date of Disbursement																				
Mailing Address 4561 STRUTFIELD LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22311	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2263.17</td> </tr> </table>	2263.17																			
2263.17																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ANNA CLAIRE WHITEHEAD	Transaction ID: 2009M02L21BPA00325 Date of Disbursement																				
Mailing Address 1800 N OAK STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ARLINGTON State VA Zip Code 22209	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1135.28</td> </tr> </table>	1135.28																			
1135.28																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ANNA CLAIRE WHITEHEAD	Transaction ID: 2009M02L21BPA00326 Date of Disbursement																				
Mailing Address 1800 N OAK STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ARLINGTON State VA Zip Code 22209	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1135.28</td> </tr> </table>	1135.28																			
1135.28																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4533.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) KATHLEEN A WILBER	Transaction ID: 2009M02L21BPA00327 Date of Disbursement
Mailing Address 2400 S GLEBE RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1979.29</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) KATHLEEN A WILBER	Transaction ID: 2009M02L21BPA00328 Date of Disbursement
Mailing Address 2400 S GLEBE RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1979.28</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) AMBER R WILKERSON	Transaction ID: 2009M02L21BPA00329 Date of Disbursement
Mailing Address 6530 KOZIARA DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City BURKE State VA Zip Code 22015	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>1904.13</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5862.70

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1514 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AMBER R WILKERSON	Transaction ID: 2009M02L21BPA00330 Date of Disbursement																				
Mailing Address 6530 KOZIARA DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City BURKE State VA Zip Code 22015	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4232.54</td> </tr> </table>	4232.54																			
4232.54																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) LAUREN E WILLIAMS	Transaction ID: 2009M02L21BPA00331 Date of Disbursement																				
Mailing Address 4314 DAHILL PLACE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22312	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">933.91</td> </tr> </table>	933.91																			
933.91																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CAITLIN E WOHLFARTH	Transaction ID: 2009M02L21BPA00332 Date of Disbursement																				
Mailing Address 2208 40TH PLACE NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1135.94</td> </tr> </table>	1135.94																			
1135.94																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">6302.39</td> </tr> </table>	6302.39																			
6302.39																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1515 / 1540

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CAITLIN E WOHLFARTH	Transaction ID: 2009M02L21BPA00333 Date of Disbursement																				
Mailing Address 2208 40TH PLACE NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1135.94</td> </tr> </table>	1135.94																			
1135.94																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) KATIE K WRIGHT	Transaction ID: 2009M02L21BPA00334 Date of Disbursement																				
Mailing Address 7045 FIELDHURST CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22315	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1743.93</td> </tr> </table>	1743.93																			
1743.93																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) DENNIS R WRIGHT	Transaction ID: 2009M02L21BPA00335 Date of Disbursement																				
Mailing Address 8603 BATTAILLES CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City ANNANDALE State VA Zip Code 22003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2760.23</td> </tr> </table>	2760.23																			
2760.23																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5640.10

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) KATIE K WRIGHT	Transaction ID: 2009M02L21BPA00336 Date of Disbursement																				
Mailing Address 7045 FIELDHURST CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22315	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1743.94</td> </tr> </table>	1743.94																			
1743.94																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) DENNIS R WRIGHT	Transaction ID: 2009M02L21BPA00337 Date of Disbursement																				
Mailing Address 8603 BATTAILLES CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City ANNANDALE State VA Zip Code 22003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2751.23</td> </tr> </table>	2751.23																			
2751.23																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) BRANDIS L ZEHR	Transaction ID: 2009M02L21BPA00338 Date of Disbursement																				
Mailing Address 7064 SOLOMON SEAL CT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City SPRINGFIELD State VA Zip Code 22152	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">347.70</td> </tr> </table>	347.70																			
347.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4842.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRANDIS L ZEHR

Mailing Address 7064 SOLOMON SEAL CT

City
SPRINGFIELD

State
VA

Zip Code
22152

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L21BPA00339

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1029.31

SUBTOTAL of Disbursements This Page (optional)

1029.31

TOTAL This Period (last page this line number only)

4780605.86

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
REPUBLICAN PARTY OF VIRGINIA

Mailing Address 115 EAST GRACE STREET

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L22TR00001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Amount of Each Disbursement this Period

30000.00

B.Full Name (Last, First, Middle Initial)
REPUBLICAN PARTY OF MINNESOTAMailing Address 525 PARK STREET
SUITE 250

City ST PAUL State MN Zip Code 55103

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L22TR00002

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Amount of Each Disbursement this Period

250000.00

C.Full Name (Last, First, Middle Initial)
REPUBLICAN FEDERAL COMMITTEEMailing Address OF PENNSYLVANIA
717 NORTH SECOND STREET

City HARRISBURG State PA Zip Code 17102

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L22TR00003

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Amount of Each Disbursement this Period

52000.00

SUBTOTAL of Disbursements This Page (optional) ▶

332000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
 RHODE ISLAND REP ST CNTR COMM

Mailing Address 1800 POSR ROAD
 SUITE 17-1

City WARWICK State RI Zip Code 02886

Purpose of Disbursement
 TRANSFER

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L22TR00004

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
 KANSAS REPUBLICAN PARTY

Mailing Address 2025 SW GAGE BLVD

City TOPEKA State KS Zip Code 66604

Purpose of Disbursement
 TRANSFER

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L22TR00005

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
 REPUBLICAN PARTY OF KENTUCKY

Mailing Address THE MITCH MCCONNELL BUILDING
 105 WEST THIRD STREET

City FRANKFORT State KY Zip Code 40602

Purpose of Disbursement
 TRANSFER

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L22TR00006

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1520 / 1540

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MAINE REPUBLICAN PARTY

Mailing Address 9 HIGGINS STREET

City
AUGUSTAState
MEZip Code
04330Purpose of Disbursement
TRANSFER

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 2009M02L22TR00007

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

388000.00

SCHEDULE F (FEC Form 3X)
**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 1521 / 1540

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) REPUBLICAN NATIONAL COMMITTEE			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Full Name of Subordinate Committee Republican National Committee	
If YES, name the designating committee:		Mailing Address 310 First Street SE	
		City Washington	State DC
		ZIP Code 20003	

Full Name (Last, First, Middle Initial) of Each Payee DIGITAL INK				Purpose of Expenditure PRES COORDINATED - PRINTING COST		<input type="text"/> Category/Type	
Mailing Address 2924 BELLS ROAD							
City RICHMOND		State DC		ZIP Code 23234		Date M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 9	
Name of Federal Candidate Supported JOHN S MCCAIN		Office Sought:		House Senate <input checked="" type="checkbox"/> Presidential		State: VA District: 00	
Aggregate General Election Expenditure for this Candidate ►				<input type="text"/> 18921985.57		Amount <input type="text"/> 2886.78	
				Transaction ID: 2009M02L25CE00001			

Full Name (Last, First, Middle Initial) of Each Payee CONTACT SERVICES				Purpose of Expenditure PRES COORDINATED - TELEMARKETING		<input type="text"/> Category/Type	
Mailing Address 2275 BURLINGAME SW							
City GRAND RAPIDS		State DC		ZIP Code 49509		Date M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9	
Name of Federal Candidate Supported JOHN S MCCAIN		Office Sought:		House Senate <input checked="" type="checkbox"/> Presidential		State: MI District: 00	
Aggregate General Election Expenditure for this Candidate ►				<input type="text"/> 18921985.57		Amount <input type="text"/> 2060.56	
				Transaction ID: 2009M02L25CE00002			

Full Name (Last, First, Middle Initial) of Each Payee CONTACT SERVICES				Purpose of Expenditure PRES COORDINATED - TELEMARKETING		<input type="text"/> Category/Type	
Mailing Address 2275 BURLINGAME SW							
City GRAND RAPIDS		State DC		ZIP Code 49509		Date M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9	
Name of Federal Candidate Supported JOHN S MCCAIN		Office Sought:		House Senate <input checked="" type="checkbox"/> Presidential		State: MI District: 00	
Aggregate General Election Expenditure for this Candidate ►				<input type="text"/> 18921985.57		Amount <input type="text"/> 5003.24	
				Transaction ID: 2009M02L25CE00003			

SUBTOTAL of Expenditures This Page (optional) ►				<input type="text"/> 9950.58	
TOTAL This Period (last page this line number only) ►				<input type="text"/> 9950.58	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1522 / 1540

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MR THILO BEST			Transaction ID: 2009M02L28ARI00001	
	Mailing Address 5426 BAY CENTER DRIVE SUITE 600			Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9	
	City TAMPA	State FL	Zip Code 33609	Amount of Each Disbursement this Period 1500.00	
	Purpose of Disbursement REFUND-OVER FEDERAL LIMIT		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
B.	Full Name (Last, First, Middle Initial) MR STANLEY C GALE			Transaction ID: 2009M02L28ARI00002	
	Mailing Address 4 BECKER FARM ROAD			Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9	
	City ROSELAND	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 4600.00	
	Purpose of Disbursement REFUND-OVER FEDERAL LIMIT		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
C.	Full Name (Last, First, Middle Initial) ROBERT GREENHILL			Transaction ID: 2009M02L28ARI00003	
	Mailing Address 13 HUNTZINGER DRIVE			Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9	
	City GREENWICH	State CT	Zip Code 06831	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement REFUND-OVER FEDERAL LIMIT		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

SUBTOTAL of Disbursements This Page (optional)

11100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MR RALPH W HOOPER	Transaction ID: 2009M02L28ARI00004 Date of Disbursement
Mailing Address 489 DEVON PARK DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City WAYNE State PA Zip Code 19087	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND-OVER FEDERAL LIMIT	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MR ROBERT T ISHAM	Transaction ID: 2009M02L28ARI00005 Date of Disbursement
Mailing Address 701 PARK PLACE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City LAKE BLUFF State IL Zip Code 60044	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND-OVER FEDERAL LIMIT	<div>4600.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) EARL G KENDRICK	Transaction ID: 2009M02L28ARI00006 Date of Disbursement
Mailing Address 3964 E PARADISE VIEW DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City PARADISE VALLEY State AZ Zip Code 85253	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND-OVER FEDERAL LIMIT	<div>1500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7100.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MR ROBERT B PAYNE	Transaction ID: 2009M02L28ARI00007 Date of Disbursement																				
Mailing Address 1201 ELM STREET SUITE 5400	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	0	9												
City DALLAS State TX Zip Code 75270	Amount of Each Disbursement this Period																				
Purpose of Disbursement REFUND-OVER FEDERAL LIMIT	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) DR WILLIAMS SPEARS	Transaction ID: 2009M02L28ARI00008 Date of Disbursement																				
Mailing Address 4704 LAKESIDE DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	0	9												
City DALLAS State TX Zip Code 75205	Amount of Each Disbursement this Period																				
Purpose of Disbursement REFUND-OVER FEDERAL LIMIT	<table border="1"> <tr> <td colspan="10">28525.00</td> </tr> </table>	28525.00																			
28525.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MS STEPHANIE STIKER	Transaction ID: 2009M02L28ARI00009 Date of Disbursement																				
Mailing Address 50 CENTRAL PARK W #4C	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	0	9												
City NEW YORK State NY Zip Code 10023	Amount of Each Disbursement this Period																				
Purpose of Disbursement REFUND-OVER FEDERAL LIMIT	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

34525.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MR DUER WAGNER	Transaction ID: 2009M02L28ARI00010 Date of Disbursement
Mailing Address 6300 RIDGLEA PLACE SUITE 820	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City FORT WORTH State TX Zip Code 76116	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND-OVER FEDERAL LIMIT	<div>26200.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MR THOMAS S WARD	Transaction ID: 2009M02L28ARI00011 Date of Disbursement
Mailing Address 4900 OAK	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City KANSAS CITY State MO Zip Code 64112	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND-OVER FEDERAL LIMIT	<div>9200.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MR JAMES O WELCH	Transaction ID: 2009M02L28ARI00012 Date of Disbursement
Mailing Address 165 OLD SHORT HILLS ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City SHORT HILLS State NJ Zip Code 07078	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND-OVER FEDERAL LIMIT	<div>15000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

50400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MR GARY R WENZEL Mailing Address P O BOX 9457	Transaction ID: 2009M02L28ARI00013 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City RAPID CITY State SD Zip Code 57709 Purpose of Disbursement REFUND-OVER FEDERAL LIMIT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1000.00</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) MR DEAN V WHITE Mailing Address 1000 EAST 80TH PLACE APT 700-N City MERRILLVILLE State IN Zip Code 46410 Purpose of Disbursement REFUND-OVER FEDERAL LIMIT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L28ARI00014 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>4000.00</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) THE RICHARDS GROUP Mailing Address 7229 MANOR OAKS DRIVE City RALEIGH State NC Zip Code 27615 Purpose of Disbursement REFUND-INSUFFICIENT DONOR INFORMATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L28ARI00015 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>Category/Type</div>
SUBTOTAL of Disbursements This Page (optional) ▶	<div>6000.00</div>
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DURHAM & HUDSON LLC	Transaction ID: 2009M02L28ARI00016 Date of Disbursement
Mailing Address 122 WINDY HILL LANE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City State Zip Code LEICESTER NC 28748	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND-INSUFFICIENT DONOR INFORMATION	<div>150.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) KJA SERVICES LLC	Transaction ID: 2009M02L28ARI00017 Date of Disbursement
Mailing Address 1033 WHITEGATE ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City State Zip Code WAYNE PA 19087	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND-INSUFFICIENT DONOR INFORMATION	<div>50.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) REBTEC LLC	Transaction ID: 2009M02L28ARI00018 Date of Disbursement
Mailing Address 13151 W GEAUGA TRAIL	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City State Zip Code CHESTERLAND OH 44026	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND-INSUFFICIENT DONOR INFORMATION	<div>100.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VEHOVIC FAMILY LLC	Transaction ID: 2009M02L28ARI00019 Date of Disbursement																				
Mailing Address 1 LAWRENCE SQUARE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	0	9												
City SPRINGFIELD State IL Zip Code 62704	Amount of Each Disbursement this Period																				
Purpose of Disbursement REFUND-INSUFFICIENT DONOR INFORMATION	<table border="1"> <tr> <td>200.00</td> </tr> </table>	200.00																			
200.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MR DALE A BROWN	Transaction ID: 2009M02L28ARI00020 Date of Disbursement																				
Mailing Address P O BOX 5562	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City MIDLAND State TX Zip Code 79704	Amount of Each Disbursement this Period																				
Purpose of Disbursement REFUND-OVER FEDERAL LIMIT	<table border="1"> <tr> <td>14250.00</td> </tr> </table>	14250.00																			
14250.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MR LAWRENCE J DeGEORGE	Transaction ID: 2009M02L28ARI00021 Date of Disbursement																				
Mailing Address 140 INTRACOASTAL POINT DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City JUPITER State FL Zip Code 33477	Amount of Each Disbursement this Period																				
Purpose of Disbursement REFUND-OVER FEDERAL LIMIT	<table border="1"> <tr> <td>22800.00</td> </tr> </table>	22800.00																			
22800.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

37250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MR BRUCE S GELB Mailing Address 150 E 52ND STREET	Transaction ID: 2009M02L28ARI00022 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City NEW YORK State NY Zip Code 10022 Purpose of Disbursement REFUND-OVER FEDERAL LIMIT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>16900.00</div>
B. Full Name (Last, First, Middle Initial) MR FROSTY GILLIAM Mailing Address P O BOX 12663 City ODESSA State TX Zip Code 79768 Purpose of Disbursement REFUND-OVER FEDERAL LIMIT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L28ARI00023 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2150.00</div>
C. Full Name (Last, First, Middle Initial) MR PETER O'MALLEY Mailing Address 515 S FIGUEROA STREET SUITE 1988 City LOS ANGELES State CA Zip Code 90071 Purpose of Disbursement REFUND-OVER FEDERAL LIMIT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L28ARI00024 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>5000.00</div>

SUBTOTAL of Disbursements This Page (optional)

24050.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MR CHARLES J URSTADT			Transaction ID: 2009M02L28ARI00025 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9	
	Mailing Address 6 BEECHWOOD ROAD			Amount of Each Disbursement this Period 5260.00	
	City BRONXVILLE	State NY	Zip Code 10708		
	Purpose of Disbursement REFUND-OVER FEDERAL LIMIT		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B.	Full Name (Last, First, Middle Initial) WOODVREST PARTNERSHIP LLC			Transaction ID: 2009M02L28ARI00026 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9	
	Mailing Address 425 W RIDER STREET SUITE B1			Amount of Each Disbursement this Period 2300.00	
	City PERRIS	State CA	Zip Code 92571		
	Purpose of Disbursement REFUND-INSUFFICIENT DONOR INFORMATION		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) ROUND HILL MANAGEMENT COMPANY			Transaction ID: 2009M02L28ARI00027 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9	
	Mailing Address 312 E 82ND STREET			Amount of Each Disbursement this Period 17700.00	
	City NEW YORK	State NY	Zip Code 10072		
	Purpose of Disbursement REFUND-INSUFFICIENT DONOR INFORMATION		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

25260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) HILL GLOVER CPA Mailing Address P O BOX 914	Transaction ID: 2009M02L28ARI00028 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City MIDLAND State TX Zip Code 79702 Purpose of Disbursement REFUND-INSUFFICIENT DONOR INFORMATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>250.00</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) BOYER TRANSPORTATION LLC Mailing Address 10900 LACKMAN ROAD City LENEXA State KS Zip Code 66219 Purpose of Disbursement REFUND-INSUFFICIENT DONOR INFORMATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 2009M02L28ARI00029 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>400.00</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) MRS JEANNE NEWSTROM Mailing Address 1204 NW 4TH AVENUE City GRAND RAPIDS State MN Zip Code 55744 Purpose of Disbursement REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 2009M02L28ARI00030 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2900.00</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

3550.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MS MARY L WALLACE			Transaction ID: 2009M02L28ARI00031	
	Mailing Address 313 E HICKORY BEND ROAD			Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 9	
	City ENTERPRISE	State AL	Zip Code 36330	Amount of Each Disbursement this Period 15.00	
	Purpose of Disbursement REFUND		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
B.	Full Name (Last, First, Middle Initial) COL. DALLAS WOOD			Transaction ID: 2009M02L28ARI00032	
	Mailing Address 611 W KINGS HIGHWAY			Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 9	
	City PARAGOULD	State AR	Zip Code 72450	Amount of Each Disbursement this Period 250.00	
	Purpose of Disbursement REFUND		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
C.	Full Name (Last, First, Middle Initial) MR DAVID L SANDERS			Transaction ID: 2009M02L28ARI00033	
	Mailing Address 21543 EL HURST LANE			Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 9	
	City KATY	State TX	Zip Code 77450	Amount of Each Disbursement this Period 300.00	
	Purpose of Disbursement OVER FEDERAL LIMIT-REPLACE VOIDED CK 12/		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

SUBTOTAL of Disbursements This Page (optional)

565.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MRS SUSAN F STRUBLE Mailing Address 1015 FOX HILL ROAD	Transaction ID: 2009M02L28ARI00034 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div>
City STATE COLLEGE State PA Zip Code 16803 Purpose of Disbursement REFUND - OVER FEDERAL LIMIT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1240.00</div>
B. Full Name (Last, First, Middle Initial) MR PETER S KNOX Mailing Address 1003 MEIGS STREET City AUGUSTA State GA Zip Code 30904 Purpose of Disbursement REFUND - OVER FEDERAL LIMIT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L28ARI00035 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>5000.00</div>
C. Full Name (Last, First, Middle Initial) MRS JOVITA CARRANZA Mailing Address 3209 OVERLOOK RIDGE ROAD City PROSPECT State KY Zip Code 40059 Purpose of Disbursement REFUND - OVER FEDERAL LIMIT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L28ARI00036 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1500.00</div>

SUBTOTAL of Disbursements This Page (optional)

7740.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DR FRANK G FIELDER	Transaction ID: 2009M02L28ARI00037 Date of Disbursement
Mailing Address 2384 COUNTY ROAD 10	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div>
City ALPINE State NY Zip Code 14805	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND - OVER FEDERAL LIMIT	<div>170.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MIGUEL LAUSE	Transaction ID: 2009M02L28ARI00038 Date of Disbursement
Mailing Address P O BOX 19524	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div>
City SAN JAUN State PR Zip Code 00919	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND - OVER FEDERAL LIMIT	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MR R. WAYNE PENROD	Transaction ID: 2009M02L28ARI00039 Date of Disbursement
Mailing Address 411 CLAXTON GLEN COURT	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div>
City KETTERING State OH Zip Code 45429	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND - OVER FEDERAL LIMIT	<div>100.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1270.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MR LONNIE A PILGRIM Mailing Address P O BOX 93	Transaction ID: 2009M02L28ARI00040 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div>
City State Zip Code PITTSBURG TX 75686 Purpose of Disbursement REFUND - OVER FEDERAL LIMIT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>5000.00</div>
B. Full Name (Last, First, Middle Initial) MR GARY D REAMEY Mailing Address 121 ST LAWRENCE DRIVE MISSISSAUGA, ONTARIO L5G4V2 City State Zip Code CANADA ZZ 00000 Purpose of Disbursement REFUND - OVER FEDERAL LIMIT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L28ARI00041 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>28500.00</div>
C. Full Name (Last, First, Middle Initial) MR JAMES L SHERMAN Mailing Address 2720 PHILADELPHIA DRIVE City State Zip Code DAYTON OH 45405 Purpose of Disbursement REFUND - OVER FEDERAL LIMIT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2009M02L28ARI00042 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>4900.00</div>

SUBTOTAL of Disbursements This Page (optional)

38400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MR JOSEPH V SHIELDS	Transaction ID: 2009M02L28ARI00043 Date of Disbursement
Mailing Address 140 BROADWAY 44TH FLOOR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div>
City NEW YORK State NY Zip Code 10005	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND - OVER FEDERAL LIMIT Candidate Name	<div>22700.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
B. Full Name (Last, First, Middle Initial) MR ROY F SIMPERMAN	Transaction ID: 2009M02L28ARI00044 Date of Disbursement
Mailing Address 5609 80TH AVENUE SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div>
City MERCER ISLAND State WA Zip Code 98040	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND - OVER FEDERAL LIMIT Candidate Name	<div>10000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
C. Full Name (Last, First, Middle Initial) MR RODNEY D UDD	Transaction ID: 2009M02L28ARI00045 Date of Disbursement
Mailing Address 2601 EAST 5TH AVENUE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div>
City ANCHORAGE State AK Zip Code 99501	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND - OVER FEDERAL LIMIT Candidate Name	<div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional)

37700.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MR DUER WAGNER	Transaction ID: 2009M02L28ARI00046 Date of Disbursement
Mailing Address 6300 RIDGLEA PLACE SUITE 820	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div>
City FORT WORTH State TX Zip Code 76116	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND - OVER FEDERAL LIMIT	<div>575.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MR EUGENE HARISON	Transaction ID: 2009M02L28ARI00047 Date of Disbursement
Mailing Address 4472 NEW MARKET RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 0 9</div> </div>
City NICEVILLE State FL Zip Code 32578	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MR BERNARD J MALTESE	Transaction ID: 2009M02L28ARI00048 Date of Disbursement
Mailing Address 200 CROMWELL CT. N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 0 9</div> </div>
City OLD SAYBROOK State CT Zip Code 06475	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND	<div>125.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS SALLY A GOINGS

Mailing Address 75 CALLE ARAGON
UNIT F

City LAGUNA WOODS State CA Zip Code 92637

Purpose of Disbursement
REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L28ARI00049

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	0	9

Amount of Each Disbursement this Period

416.00

B.

Full Name (Last, First, Middle Initial)

MR DOUGLAS C BILLIAN

Mailing Address 5795 WINTERTHUR LN NW

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L28ARI00050

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	0	9

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR CHARLES J URSTADT

Mailing Address 6 BEECHWOOD ROAD

City BRONXVILLE State NY Zip Code 10708

Purpose of Disbursement
REFUND-OVER FEDERAL LIMIT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2009M02L28ARI00051

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1166.00

TOTAL This Period (last page this line number only)

287576.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AFLAC INC PAC	Transaction ID: 2009M02L28ARI00052 Date of Disbursement																				
Mailing Address 1932 WYNNTON ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	0	9												
City COLUMBUS State GA Zip Code 31999	Amount of Each Disbursement this Period																				
Purpose of Disbursement REFUND-OVER FEDERAL LIMIT	<table border="1"> <tr> <td>15000.00</td> </tr> </table>	15000.00																			
15000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) FLOWER PAC	Transaction ID: 2009M02L28ARI00053 Date of Disbursement																				
Mailing Address 1919 FLOWER CIRCLE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City THOMASVILLE State GA Zip Code 31757	Amount of Each Disbursement this Period																				
Purpose of Disbursement REFUND-OVER FEDERAL LIMIT	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

20000.00

TOTAL This Period (last page this line number only)

20000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARYLAND COLLEGE 529 PLAN

Mailing Address C/O TERI PICKERING
702 BOXMERE CT

City WEST RIVER State MD Zip Code 20778

Purpose of Disbursement
DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2009M02L29OD00001

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

100.00