

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

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

FOR LINE NUMBER: PAGE 454 / 627

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. HAROLD WIT

Mailing Address 150 EAST 69TH ST

City

NEW YORK

State

NY

Zip Code

10021-2166

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11.13341097

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ROBERT WITKOWSKI

Mailing Address 27750 W II ROUTE 22
130

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.13360844

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. CHRISTOPHER WITT

Mailing Address 890 POPLAR CHURCH ROAD # 300

City

CAMP HILL

State

PA

Zip Code

17011-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENT SURGERY 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 2 / 1 6 / 2 0 1 0

Transaction ID: SA11.13330182

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)