

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

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

FOR LINE NUMBER: PAGE 837 / 1617

(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)

Dr. Ross B. Dorsett, III

Mailing Address 2745 Juno Pl

City State Zip Code  
 Fairlawn OH 44333-4121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: FF070618.0140005

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Harold A. Poling

Mailing Address 4775 S Chipping Gln

City State Zip Code  
 Bloomfield Hills MI 48302-2305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

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 6 / 1 5 / 2 0 0 7

Transaction ID: FF070618.0140006

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)

Ms. Amy B. Martin

Mailing Address 4216 Beverly Ave

City State Zip Code  
 Jacksonville FL 32210-2103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFO REQUESTED

Occupation  
INFO REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: FF070618.0140010

Amount of Each Receipt this Period

350.00

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

2350.00

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