

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 585 / 869  
(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)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) DR. THOMAS D. SKEELS	Date of Receipt MM / DD / YYYY 11 / 19 / 2009
	Mailing Address 1313 OLENTANGY RIVER ROAD	<b>Transaction ID:</b> SA11.13194748
	City State Zip Code COLUMBUS OH 43212-3120	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer ORTHONEURO CONSULTANTS, INC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. MARY E. SKENNION	Date of Receipt MM / DD / YYYY 11 / 25 / 2009
	Mailing Address 8653 SW 96TH ST. UNIT A	<b>Transaction ID:</b> SA11.13201349
	City State Zip Code OCALA FL 34481-9294	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. WICKHAM SKINNER	Date of Receipt MM / DD / YYYY 11 / 04 / 2009
	Mailing Address 22 NORTHOME COVE ROAD	<b>Transaction ID:</b> SA11.13176730
	City State Zip Code SAINT GEORGE ME 04860-5239	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>440.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	