

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

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

FOR LINE NUMBER: PAGE 617 / 1408

(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. MOSHE LAZAR

Mailing Address 1421 E 2ND ST

City

BROOKLYN

State

NY

Zip Code

11230-5501

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11.13056789

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. VICTOR A. LAZAR

Mailing Address 108 WOOLF LANE

City

ITHACA

State

NY

Zip Code

14850-9551

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.13055391

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DUC M. LE

Mailing Address 401 E CROCKETT ST STE A

City

CLEVELAND

State

TX

Zip Code

77327-4397

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: SA11.13067586

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)