

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

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

FOR LINE NUMBER: PAGE 16 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A. Full Name (Last, First, Middle Initial)
Barbara Wills

Mailing Address 1590 Park Ter.

City State Zip Code
Gering NE 69341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WILLS CHIROPRACTIC Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2009

Transaction ID: 90819.C179096

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Dr. Matthew Wood

Mailing Address 2829 S. 24th St

City State Zip Code
Lincoln NE 68502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Eye Surgical Associates Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2009

Transaction ID: 90719.C178859

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **500.00**

TOTAL This Period (last page this line number only) ► **12950.00**